

# THE TIMES AND REGISTER.

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EDITED BY WILLIAM F. WAUGH, A.M., M.D.

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Single Numbers  
10 cents.

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Unlike all other forms of phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilative by the system, and it not only causes no trouble with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

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Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

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Diastase purum	-	-	gr. ¼.
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JOURNAL ASSOCIATION

# GARDNER'S Syrup of Hydriodic Acid. INTRODUCED IN 1878.

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A pamphlet of sixty-four pages, devoted to a full explanation of these details and others, such as contraindicated remedies, indications for the use of each hypophosphite, reasons for the use of **absolutely pure Salts**, protected in syrup from oxidation, etc., mailed to physicians, without charge, upon application to

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LABEL.

ESSENTIALLY DIFFERENT FROM ALL OTHER BEEF TONICS. UNIVERSALLY  
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By the urgent request of several eminent members of the medical profession, I have added to each wineglassful of this preparation two grains of Soluble Citrate of Iron, and which is designated on the label, "With Iron, No. 1;" while the same preparation, **Without Iron**, is designated on the label as "No. 2."

In prescribing this preparation, physicians should be particular to mention "**COLDEN'S**," viz., "**Est. Carnis Pl. Comp. (Colden's)**." A Sample of **COLDEN'S BEEF TONIC** will be sent free on application, to any physician (enclosing business card) in the United States. *Sold by druggists generally.*

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## THE "AMERICAN" NEBULIZER.



Price each . . . . . \$1.50.

Postage extra, 20 cents.

—SEND FOR CIRCULAR.—

This ingenious little apparatus converts liquid remedies into a nebula or vapor so very fine that it remains suspended in the air like smoke, and can be inhaled and retained within the lungs as readily as the air we breathe, or can be introduced into the nasal passages. Intra-laryngeal applications can be made by allowing the patient to hold his breath while applying nebulized remedies to the Throat and Larynx.

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MANUFACTURER OF

**SURGICAL INSTRUMENTS,**

1020 Walnut St., Philadelphia, Pa.

## Notes and Items.

ANALYSES OF NOSTRUMS.  
(From *The New Idea*.)

## JAYNES' EXPECTORANT.

R.—Syrup squills . . . . .	2 ounces.
Tinct. tolu . . . . .	1½ ounces.
Tinct. camphor . . . . .	1 drachm.
Tinct. digitalis . . . . .	1 drachm.
Tinct. Opium . . . . .	2 drachms.
Wine ipecac . . . . .	2 drachms.
Antimon and pot. tart. . . . .	2 grains.—M.

## PERRY DAVIS' PAIN KILLER.

R.—Alkanna . . . . .	3j.
Myrrha pulv. . . . .	3ij.
Guaiaci resini . . . . .	3ij.
Camphora . . . . .	3j.
Tinct. opii . . . . .	3iv.
Capsicum . . . . .	3iv.
Alcohol . . . . .	Oij.
Aqua . . . . .	Oij.

Macerate for several days and filter.

## WISTAR'S BALSAM OF WILD CHERRY.

R.—Fluid extract wild cherry . . . . .	1 f 3̄.
Fluid extract ipecac . . . . .	¼ f 3̄.
Fluid extract squills . . . . .	¼ f 3̄.
Tr. opium . . . . .	1 drachm.
Tartar Emetic . . . . .	2 grains.
Sugar house syrup . . . . .	3 f 3̄.
Alcohol . . . . .	¼ f 3̄.
Sp. anise (1 in 8) . . . . .	20 ℥.
Water, . . . . .	
Tr. Cudbear comp. N. F. āā q. s.,	
to make 8f 3̄.	

## CENTAUR LINIMENT.

This widely advertised nostrum comes in two forms, "for man" and "for beast," and is put up in each case in two

sizes. Examination shows both varieties to be soap emulsions of essential oils with aromatic oils for masking.

## For Man.

R.—Oil pennyroyal . . . . .	½ ounce.
Oil Thyme . . . . .	¼ ounce.
Oil Turpentine . . . . .	¼ ounce.
Soap . . . . .	130 grains.
Caustic soda . . . . .	10 grains.
Water to make . . . . .	1 pint.

## For Beast.

R.—Oil spearmint . . . . .	1 drachm.
Oil mustard . . . . .	15 minims.
Oil turpentine . . . . .	¼ ounce.
Oil amber (crude) . . . . .	½ ounce.
Black oil . . . . .	½ ounce.
Soap . . . . .	130 grains.
Caustic soda . . . . .	10 grains.
Water to make . . . . .	1 pint.

## AYER'S CHERRY PECTORAL.

R.—Syrup wild cherry . . . . .	6 drachms.
Syrup squills . . . . .	3 drachms.
Tr. blood root . . . . .	2 drachms.
Sweet spirit nitre . . . . .	2 drachms.
Wine of antimony . . . . .	3 drachms.
Wine of ipecac . . . . .	3 drachms.
Syrup . . . . .	1½ ounces.
Morphia acetate . . . . .	2 grains.
Spirit bitter almonds . . . . .	1 drachm.

## MOTHER SIEGEL'S SYRUP.

R.—Conc. decoction of aloes (1 to 4) . . . . .	60 ℥.
Borax . . . . .	1.3 gm.
Capsicum powdered . . . . .	0.13 gm.
Gentian powdered . . . . .	2.3 gm.
Sassafras oil . . . . .	0.3 gm.
Wintergreen oil . . . . .	0.12 gm.
Rectified spirit . . . . .	7.5 gm.
Fluid extract dandelion . . . . .	7.5 gm.
Syrup . . . . .	125 gm.

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I have recently published a compact twenty-four page pamphlet on  
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 by means of Soluble Medicated Bougies, containing many valuable hints for treatment. This will be sent  
**FREE** on application, together with samples of the Bougies, to any physician who will mention the **Times**  
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FOR NERVOUS PROSTRATION, BRAIN EXHAUSTION,  
NEURASTHENIA AND ALL FORMS OF MENTAL  
AND PHYSICAL DEBILITY.

This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca leaves varies considerably in its proportion; hence giving to the wines, as ordinarily made, uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable and the physician can, therefore, prescribe it with the certainty of obtaining uniform results.

**Prof. M. Semmola, M.D., of Italy,** says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

**Prof. Wm. A. Hammond, M.D.,** in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the coca has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless.

"I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. *It is the Health Restorative Co.'s preparation.* (Italics ours.)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritation of the stomach and make it receptive of food. In extreme cases, where

the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained, or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine.

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

## FEBRICIDE.

Under the name of FEBRICIDE we offer to the Medical Profession, in the form of pills, a complete Antipyretic, a Restorative of the highest order, and an Anodine of great Curative Power.

**R.**—Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

In the dose of one or two pills, three times a day, "Febicide" will be found to be possessed of great curative power in Malarial Affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a specific. Reports received from Physicians of eminence warrant us in recommending "Febicide" in the highest terms to the Medical Faculty.

**N. B.**—The pills being made without excipient, and with only coating sufficient to cover the taste, their solubility is almost instantaneous, and consequently of great advantage where prompt medication is required.

**Dr. R. C. McCurdy, of Livermore, Pa.:** Have used FEBRICIDE in two cases with grand results. In one case of sick headache it acted immediately.

**Dr. A. J. Rogers, Juniata, Neb.,** writes: Your sample of FEBRICIDE had not been in my hands an hour when I was called to see an old lady suffering severely with Rheumatism and Hyperaesthesia which was very general, and also with Asthma, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, Rheumatism and Acute Sensitiveness were no more, and she has not felt anything of them since.

**Dr. J. A. Brackett, of Pembroke, Va.:** "I have used Febicide in case of childbed fever with remarkable effect, temperature 103°. I had tried other usual remedies without much change; soon after using Febicide the change was like magic."

**Dr. C. E. Dupont, of Grahamville, S. C.:** "Febicide has proved of great benefit to the patient I tried it on. It was a case of Malarial Toxemia in an old lady; the attacks had become very irregular and lately had been attended with intercostal neuralgia, which alarmed her exceedingly. The pills acted well and quickly, as heretofore it usually took me ten days, at least, to relieve her of an attack, but this time she was up on the fourth day and wanting to go on a visit."

## NATROLITHIC SALT.

Natrolithic Salt is the solid constituent of the Natrolithic Water, and contains: Sulphate of Soda, Carbonate of Soda, Phosphate of Soda, Chloride of Sodium, Sulphate of Lime, Sulphate of Magnesia, and Carbonate of Lithia. For Habitual Constipation, Rheumatic and Gouty Affections, Biliousness, Corpulence, Dyspepsia, and all Derangements of the Digestive Tract, it is a wonderful remedy. Does not gripe after administration.

DEAR SIR: I postponed writing you regarding the Natrolithic Salts until I had given them a thorough trial. Feeling confident now that they have stood a rigid test, I feel it my duty to inform you as to the results. I have used the Natrolithic Salts in fourteen different cases, and they have fully supported all your claims and even more. In two severe cases of gastro-intestinal catarrh they acted very satisfactorily, not causing the disagreeable nausea and depression which accompanied the use of other laxatives. Their action was admired by my patients and also by myself. In one case of habitual constipation, which seemed to resist all the usual remedies, I gave the Salts, and as usual with gratifying results. As I heretofore stated, I like their effect on the system. They are pleasant to take. There is no nausea or depression; no languor or loss of appetite when their action is completed. In cases of exhausted vitality, where constipation exists, I have also tried them with the same good results. In removing indigestible food from the alimentary canal—a common complaint during the hot weather—I prescribe them daily, the action on the bowels being quick and the relief correspondingly prompt.

I trust the profession will give them a trial, feeling confident that they will be well pleased with the results obtained. Yours respectfully,

ELIAS E. WILDMAN, M.D.

A Sample Bottle or Box of either remedy will be sent free of charge to any Physician who may wish to examine the same.

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Please mention The Times and Register.

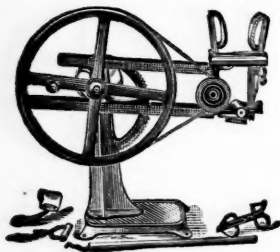
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Do not despair of relief and cure for the most difficult and obstinate cases of chronic ill health until the merits of mechanical massage, and its allied processes have been thoroughly tested.

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SOLE LICENSEES FOR THE UNITED STATES OF AMERICA.

The best known of all modern antipyretics; has a world-wide reputation.

Antipyrine reduces temperature quickly, safely, and without any secondary effects.

Recommended in Diseases of Childhood, Typhoid Fever, Erysipelas, Acute Rheumatism, Phthisis, HEADACHE, MIGRAINE, Hay Fever, Asthma, Seasickness, WHOOPING-COUGH.

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No. 342 A has a White Enameled Back. No. 342 B has a Black Enameled Back.

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These Thermometers will not change their readings with age nor lose their index.



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Very respectfully,

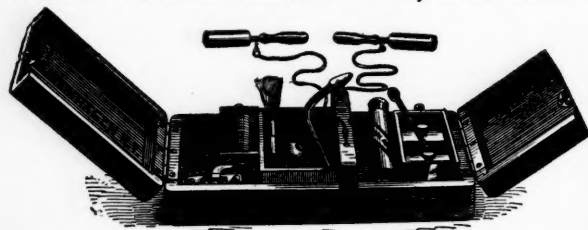
ORRAY T. SHERMAN.

YALE COLLEGE OBSERVATORY, NEW HAVEN, Conn. Nov. 12, 1887.

MR. H. WEINHAGEN: Yours of the 9th inst. duly received. With the small corrections you have attained in recent shipments, I should think you would find it profitable to have all your best Clinical Thermometers certified.

Very respectfully,

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Victor No. 1. A three current Faradic Battery for medical use. Size  $5\frac{1}{2} \times 5\frac{1}{4} \times 5\frac{1}{4}$  inches. Simple, compact, durable, neat.

### Three Current Pocket Battery.

No. 3. A superior Two Cell Machine. Handsomely mounted in a double-lid case, as above illustrated, and fitted with extra electrodes.

Price: Complete; with 1 pair finely finished sponge electrodes and handles, 1 olive shaped electrode, 1 spherical electrode, 1 metallic brush electrode, 1 vial bisulphate of mercury, and 1 spoon . . . \$7.00.

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FIFTH.—The Company gives to the Eastern public the opportunity of seeing the various products raised in the very localities where it makes its loans. It had on exhibition at the American Institute of New York City from October 3d to December 15, 1888, a beautiful assortment of Kansas and Nebraska grain, fruit, and grasses. Part of the Exhibit was the display made by Custer County at the Nebraska State Fair, for which a prize of \$100 was awarded.

These products can be seen at the New York Office of the Company, and are well worth an examination.

The Highest Reward of Superiority was given to the Company by the American Institute for this exhibit.

SIXTH.—The Company publishes every month a Bulletin giving full information about the amount, security, improvement, location, distance from railroad, etc., etc., of every loan offered for sale.

Further information in regard to any of the above points will be gladly furnished on application.

ADDRESS FOR MONTHLY BULLETIN AND INVESTERS COMMITTEE REPORT FOR 1888,

**HENRY A. RILEY, General Eastern Manager,**

**191 BROADWAY, NEW YORK.**

(Please mention The Times  
and Register.)



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**MALTINE** is far superior in nutritive and diastatic value to any Malt Extract manufactured in the World. There is no reconstructive that excels Maltine in Phthisis and many wasting diseases.

**MALTINE**, in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our minds than there is of the curative power of Quinine, Cod-Liver Oil, the Bromides, and the Iodides.

It deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective, and curative power, are probably the most widely useful therapeutical agents that we possess.

PROF. L. P. YANDELL.

**MALTINE** is a valuable food, a food of priceless value at times of emergency. In fact, in very grave gastric cases, it is a food which may often be resorted to when at one's wits' end what to do.

J. MILNER FOTHERGILL.

I have subjected "Maltine" and all other leading "Extracts of Malt" to an exact quantitative comparison of their diastatic activity.

The results demonstrate conclusively the far greater diastatic value of Maltine, and enable me to state, without any qualification whatever, that it far exceeds in diastatic power any of the six preparations of Malt which I have examined.

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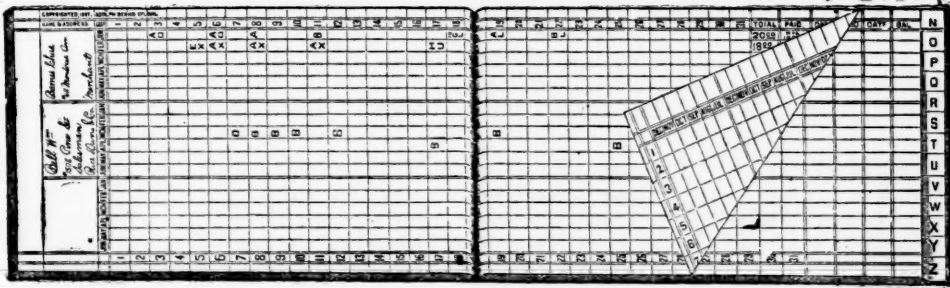
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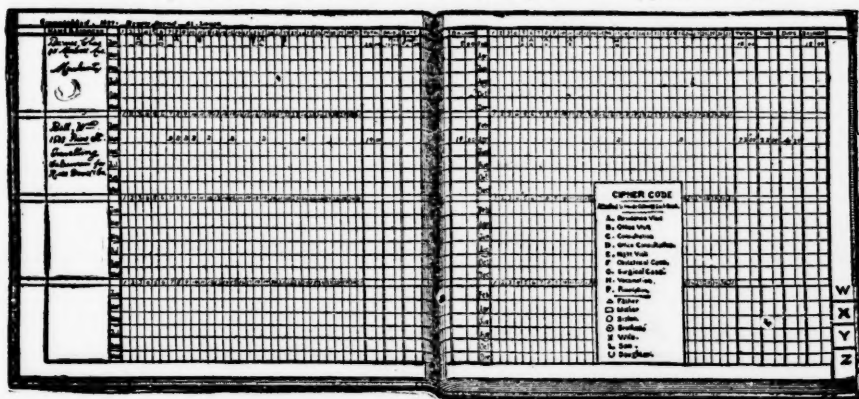


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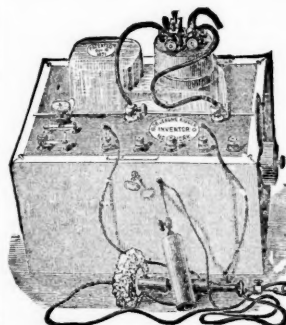
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## Clinical Lectures.

### ON THE NEWER TREATMENT OF DISEASES OF THE NERVOUS SYSTEM.

(Delivered at the Hôpital Cochin, Paris, France.)

By DUJARDIN-BEAUMETZ.

(Reported by THOMAS LINN, M.D., Paris.)

GENTLEMEN: In our last lecture we spoke about the progress that had been made in the treatment of nervous diseases, those relating to the spinal cord in particular. We showed the new suspension treatment, and mentioned the advantages it had. To-day let us take up the medicinal means we have now in use, that will allow us to combat the acute lancinating pains which the patients so often have who suffer from spinal cord troubles. These *fulgurating* pains, as they are called, are perfect torture to these poor patients, so that you see at once the importance of meeting them with proper therapeutical measures. Thanks to the introduction of several new remedies, we have made considerable progress in treating these pains. These are the analgesics and antithermic drugs. Only a few years ago, we had but two methods of treating these paroxysmal pains. One was the application of cold or heat; the first as ice, and the last the actual cautery. We had besides hypodermic injections of morphine, but as I said in my book on "New Medication," "the longer I live in medicine, the less I am disposed to use

opium;" not but that I admit it to be superior to all the analgesics; but I find that its use often brings about morphinomania—a social vice that is worse than alcoholism. Allow patients to take morphine for three or four weeks, and they will continue it forever; even physicians do not know enough to stop it in time, and become themselves afflicted with the morphine habit. Morphine, it is true, takes away pain, but it brings on the congestive phenomena of anæmia, and suppresses the urine, so that we should reserve its use for those cases of incurable diseases that have reached their last term, such as cancers and other serious maladies.

There is then a considerable interest attached to the proper use of the newer analgesics, so that morphine can be put to one side; and the new agents that have an action upon pain and have no particular contraindications can be used in its stead. These newer medicines all come from what is called the aromatic series that has furnished the antithermics, the antiseptics, and now gives us the most powerful analgesics, that are equal, if not superior, to those that are derived from opium or belladonna.

I shall first of all speak to you of antipyrin, as it is the best known of this group. It had up to the time of Germain Séé been considered as an antithermic, to be used in fevers only. The great advantage that antipyrin has over the other medicines of its class is that it is very soluble while the rest are almost insoluble. This allows of the use of antipyrin in sev-

eral ways. It, however, has the inconvenience of producing a form of rash, similar to scarlatina, in certain persons who use it. This happens with antipyrin when given in doses that are above four or five grammes a day, and it is more often seen in children than in adults, and in women than in men; this can be noticed when using it for chorea. Here a peculiar eruption is sometimes produced, but it is not at all dangerous. You will ask, what is the best way to give antipyrin? There are three methods in use: by the stomach, by the skin, and by the rectum; this last in injections or in suppositories. It may be given in wafers, but it is more effective when given in solutions. When the wafers are used, give a gramme night and morning; when the solution, the following formula is useful:

R.—Antipyrin . . . . . 10 grammes.

Divide in ten doses and dissolve one in a glass of sugar and water, to which may be added a little rum or Kirsch, which will take away the odor of benzine that antipyrin usually has.

As a rule, a gramme of this drug night and morning is well supported by most patients, but sometimes the secretion of gastric juice is interfered with, or at least it becomes very acid. This bad effect can easily be remedied by using alkaline solutions in prescribing antipyrin in such cases, or simply ordering it to be dissolved in a glass of Vichy water, which may be sweetened.

Per rectum, antipyrin can be given in rectal injection, but the suppositories are better on account of the fact that these nervous patients cannot keep a rectal injection in. The following is a formula for these:

R.—Antipyrin . . . . . 1 gramme.

Cacao butter . . . . . 5 grammes.

Wax, q. s.

M.—F. one suppository.

To use under the skin, as antipyrin is soluble you can make all sorts of solutions; but if equal parts of water and the drug are used, the solution will be very painful. It is better to use a solution like this:

R.—Antipyrin . . . . . 5 grammes.

Boiled water . . . . . 15 grammes.

Then you may make two or even three injections of this, at the same sitting, so as to give the dose you wish; and this method is much better than that of injecting stronger solutions, which so often cause abscesses. Again you may add hydrochlorate of cocaine, if the injections are painful, as follows:

R.—Antipyrin . . . . . 5 grammes.

Aquæ . . . . . 15 grammes.

Cocain. hydrochlor. . . . . 0, 15 centigrammes.

But I do not wish to speak of all the applications of antipyrin. At the same time I should tell you the end we have in view in using such drugs. As all these new medicines come out we should seek for and study their indications. Antipyrin has one clear and important one; it is for congestive neuralgias, migraine and congestive pains in the head. This is its best field of action. Then, again, in diabetes, to prevent polyuria. It acts on the superior portion of the spinal cord and diminishes the excitability of the medulla,

and by that action the painful symptoms not only of the cord but also of the brain itself. It is in this way that it brings about a fall of temperature; that is, by acting on the thermic centers contained in the brain.

I now take up a medicine that is not so well studied, that is acetanilide, obtained by the action of acetic acid on pure aniline. Studied first by Hepp and Kahn, of Strasburg, who showed us its antithermic properties, and gave it the name of antifebrin, it was also first of all applied as an antithermic.

Prof. Lepine, of Lyons, then showed that it possessed an analgesic power; and I first spoke of its use in 1887, as a sedative to the nervous system. Two of my students then wrote on its use in the pains occurring in locomotor ataxia. It is a very active drug, but it also has its inconveniences, as it produces cyanosis; not that this blue color bothers the patient himself much, as he does not feel the slightest difficulty from it, but his friends and family get frightened when they see him turn blue. It is a poison and will kill animals when given in two grammes per kilogram dose. It acts on the nervous system and brings about analgesia and anæsthesia. It also acts on the blood and transforms the oxyhæmoglobine into methæmoglobine; while it brings about a fall of temperature by acting on thermic centers of the spinal cord.

Acetanilide is insoluble in water, so that it can be given in cachets or wafers only, in doses from 0.50–2 grammes per day. (It may be remarked here that the French always give the dose of a medicine per day, or per twenty-four hours, and rarely or never by single dose.)

Acetanilide should never be given in doses of over 0.50 at one time. It is soluble in alcohol, and Yvon gives the following formula:

R.—Acetanilide . . . . . 5 grammes.

Elixir Garus. . . . . 170 " —M.

Sig.—Tablespoonful is a dose.

This solution is an agreeable preparation, but as alcohol is always to be avoided, when possible, it is well to use the cachets in preference.

The cyanosis, of which I spoke, is not always seen, even when considerable doses of the drug are given; and it seems to depend more or less on the activity of the kidneys in the patient, or, again, on the respiratory power of his blood. However, one can give this medicine for years without danger. A German author cites the case of a patient who took in a year as much as four hundred and ninety-five grammes without the slightest inconvenience. I have also kept up the use of acetanilide in epilepsy for years without danger. What are the advantages of this medicine? Well, if it was not so insoluble and did not produce cyanosis that frightened the patient's friends, it would be the best of the analgesic medicines. It is certainly the most powerful, in certain cases, where no other drug will act, especially in these fulgurating pains of locomotor ataxia.

Also, in neuritis, and in those pains that are brought about by compression of the nerves; but the cyanosis has frightened the doctors so much that it is now almost given up for other drugs of the same series. In this hospital service we have

had a very large number of cases of ataxia, and we have been able to relieve their lancinating pains with this drug, in doses of one and one-half grammes per day. In a patient that I have in town, who spoke of killing himself, from the pain that came on in violent paroxysms, I was able to stop the pains; and while the family did not want the medicine continued, owing to the cyanosis which set in and frightened them, the patient himself insisted on having the medicine, as he preferred being blue to having the intense gnawing pains. In treating epilepsy, I have made three cures by the use of acetanilide, which I still continue; but I admit numbers of failures. However, the success I have had, I find is in cases where they could not take bromides. In one case as much as fifteen grammes of bromide of potassium were given per day, without stopping the attacks, and yet acetanilide cured the case. So that you may try it in those cases which are not influenced by the bromides.

## Original Articles.

### AN EXPERIENCE IN INTUBATION.

By LAMBERT OTT, M.D.,  
PHILADELPHIA.

THE practising physician often and justly frowns at novelties in the treatment of diseases, especially when after very superficial observations they are vaunted before the medical public; but he that decries intubation as invented and practised by O'Dwyer must certainly be a very careless individual. I had some very embarrassing accidents in my first cases, which probably could have been avoided had I known in what particular to be watchful; therefore, my purpose in offering the details of a limited experience, is to suggest to the ill-trained beginner how to evade troublesome incidents likely to occur when intubating for the first time.

Intubation is not a difficult operation to one versed in the anatomy of the parts, is easy to the cool, self-possessed man, and most difficult to one nervously excited during the manipulation. I have often met Dr. Montgomery, who has intubated more cases than any one physician in Philadelphia, and I attribute his dexterity to his remarkable coolness and making haste slowly, the latter condition being a *sine qua non* to the success of the operation.

The following are the instructions usually given: The child is held upright in the arms of a nurse, and the gag inserted in the left angle of the mouth, well back between the teeth, and opened widely; an assistant holds the head, thrown somewhat backward, while the operator inserts the index finger of the left hand to elevate the epiglottis and direct the tube into the larynx. The handle of the introducer is held close to the patient's chest in the beginning of the operation and rapidly elevated as the canula approaches the glottis. The tube is then pushed downwards without using much force. It is then detached, then the thread is withdrawn, while the finger is kept in contact with the tube to prevent it being also withdrawn.

One wishing to intubate should familiarize himself with the anatomical relations of larynx and throat, and, above all, remember that in passing the finger the tongue sinks and carries the epiglottis down over the laryngeal opening, therefore, the operator has to lift the epiglottis from its prone position, and will not find it vertical as when the throat is passive. This apparently trivial error is made by beginners, consequently they pass the tube over the closed larynx into the œsophagus. In fact, it is madness for one to attempt the introduction of the tube unless his finger rests on the laryngeal rim and holds up the epiglottis.

The following cases are from my own practice, exclusive of a number seen in the practice of other physicians:

CASE I.—Male child, aged four and one-half years. Diphtheria; exudate on tonsils, croupy cough, no dyspnoea. Third day stenosis followed by cyanosis, when tube was passed with immediate relief. Removed tube on third day. Recovery complete, except a persistent aphonia lasting one month.

CASE II.—Male child, aged six years. Diphtheria; exudate on tonsils and fauces, croupy cough and dyspnoea. Third day signs of stenosis; intubated successfully. Tube removed on fifth day. Recovery. After the loop of thread was cut it was found twisted and had to be broken. This was done in a second case while the fingers held down the tube, which procedure I would advise rather than to annoy the child by trying to untwist it.

CASE III.—Female, aged five years, membrane on tonsils only. Second day stenosis. Intubated five o'clock one Monday morning with immediate relief. The child did well till the following Wednesday morning, just forty-eight hours after its introduction, when she had a spell of strangulation, as the mother called it, and soon after the cough and voice returned. I was very much disturbed, not knowing what had become of the tube. Just after its introduction I ausculted larynx and trachea and elicited a high-pitched tubular sound, approaching a whistling. As the voice had measurably returned, I felt that the tube had either passed further down into the trachea or was coughed up and swallowed. Ausculting over the same region now gave a low-pitched, clear tubular sound, from which I concluded it had been swallowed, as it proved to be, passing in four days. The cough during the presence of the tube is distinctly tubular, and the moment you distinguish a vocal cough the tube has been displaced. The stenosis in this child did not return.

CASE IV.—Female, aged fourteen years, croupy cough, slight dyspnoea, and no membrane visible. On the fourth day stenosis became so alarming that I passed the tube; attempted its extraction on the fifth day, when I found the head of the tube nearly buried in swollen mucous membrane, which hindered me very much in its removal. Recovery was complete. At no time did membrane appear in the throat.

CASE V.—Male, aged fourteen years, diphtheritic stenosis. Intubated and removed tube on fourth day. Recovery.



Thus far all my cases have recovered, and this I attribute to the fact that none of them were grave forms of diphtheria with constitutional involvement. Removal of the tube is the most difficult part of the operation. Observing the following rules will facilitate matters. The head is held slightly inclined backward, pass the extractor guided by the index finger resting on the head of the tube and holding back the epiglottis. After the blades have been fixed, gently withdraw the instrument, but if the finger, still in position, does not feel the tube rising out of the larynx, then the expanded blades are not in the tube but scraping the pharyngeal walls. It is most important to retain the finger after the extractor is in proper position, not only to guide you as before mentioned, but to follow the tube and prevent it falling back in the throat. When the head of the tube is embedded in swollen mucous membrane its removal will be found most difficult. It has been suggested by an experienced operator that the child be held with the head down and the trunk concurred with a few rapid strokes, the same procedure so highly recommended in removing foreign bodies from the larynx and trachea. This writer claims that the tube is sometimes entirely removed or coughed out, or partially lifted so that the extractor can be easily applied. The thought occurred to me that anesthetizing throat and larynx as far as practicable with a cocaine spray, would give the operator more latitude and less reflex obstruction, thus enabling him to seize the tube. The following points may be of interest: Always use a fine silk string which will play freely in the eye of the tube, and should it become twisted break it.

To feed an intubated child will tax the ingenuity of the physician. Most of them refuse everything but brandy and water until the tube is removed. The yolk of an egg and anything of a gelatinous consistency is easily swallowed. Two of my cases took nothing but water and brandy for six days. The longer the tube is in the better they swallow. I found invariably a great repugnance to milk. In four cases I had to discontinue all medication except a steam spray of lime water, which was used with signal benefit when the secretions became tenaceous and were not readily forced through the tube.

Do not worry the child with repeated throat examinations unless it can be done with his acquiescence.

Before introducing the tube be certain to have the gag well back and firmly fixed between the jaws. Heeding this precaution will save the operator the mortification of repeated futile attempts. In one case I had a single young lady to hold the head and just as I was about to fix the tube in the larynx she fainted, the child's head became unmanageable, making the circumstance quite painful; therefore, when medical aid is not at hand choose an elderly person to assist.

In Waxham's book on Intubation he has an illustration representing the operator standing. This I consider a bad position for the beginner, who should be seated close to his patient, as he can readily assume the standing position when necessary.

## HUNTING THE GERM OF YELLOW FEVER.

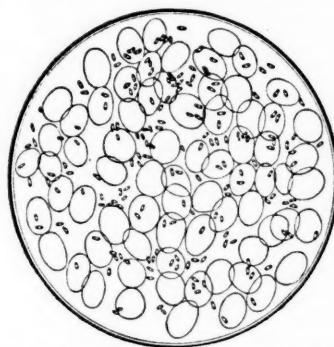
By FRANK S. BILLINGS, M.D.,

(Director of the Patho-Biological Laboratory of the State University of Nebraska.)

[Continued from page 105.]

### *Examination of Tissues for Microorganisms.*

COVER GLASS preparations made from alcoholic material as described later in the text—magnifying power, Zeiss ocular O oil immersion " $\frac{1}{20}$ ." But one microorganism present, and that sparsely represented. It is ovoid, of about the size of the organisms described as the cause of the Southern cattle plague



Germ of the Southern Cattle Plague and Yellow Fever.

when properly treated, and has a distinctly marked, clear center, with equally distinctly colored pole-ends. Where quite a conglomeration of tissue has been thinly spread upon the glass, these organisms are often seen end-on, and then look like cocci; cocci of the same character, size, and coloring reaction are also to be seen scattered through the specimen, but as the first described object is always to be seen more or less frequently represented, and as every competent patho-bacteriologist knows, or should know, that cocci represent a distinct phase in the development of this class of micro-etiological organisms, I feel justified in asserting that the specimen before me is infested by but one species, and that its members belong to the ovoid belted group of germs; which statement is also confirmed by the microscopic examination of properly stained sections of the organs above described.

*Liver.*—The above description will answer equally well as to the manner in which these germs present themselves to the eye. They are very small, and appear even smaller in the section than when seen in the smear preparation, which is but natural, unless we accidentally come across an individual presenting its horizontal diameter exactly to the eye of the observer, and so situated in the upper portions of the thinnest of sections as to be in direct apposition with the covering glass. In such cases, not only the peripheral outline but the sharply-colored pole-ends and the equally sharply outlined clear center can be distinctly seen. As said, these objects cannot be distinguished from cocci when they present themselves end on. They are sometimes to be seen in groups, sometimes in chains of several members, but I have not seen them forming long, connected threads as in the case of the swine-plague germs, especially in the kidneys. They are not only situated between th



parenchymatous cells but often in the bodies of the same. More especially are they represented in the smaller round cells present. No one but the merest tyro in the patho-biological examination of microscopic sections, no one competently versed in the technique of exact research can, or could, possibly overlook these organisms or mistake them for Kario-kinetic figures or the peculiar phenomena presented by "mast-cells," both of which fail the clear outlines of the organisms, and in general have more affinity for the coloring substance.

They can be distinctly seen in the capillaries, sometimes almost filling the finest for a short distance, and then again extending along their course as single individuals, which conditions are only to be seen in fortunately made sections. In the larger vessels, when filled with coagulated blood, and a thin section of the coagulum has been fortunately made, they will be found more plentifully represented than in any other part of the section. In the preparation of sections by the carbol-fuchsin method, great delicacy of technique is required, as there is extreme danger of the formation of a very delicate precipitate, which the uninitiated might easily mistake for microorganisms, but which can be thoroughly removed by the lege-artistic treatment of the section before mounting. In the kidneys of the same individual the same microorganism is also profusely represented under the same conditions as those already described in connection with the liver. They were also present in the lymph-glands of the abdominal cavity.

"CASE II.—Edwin Sing, Norwegian; died at Hospital Garcini, October 24, 1888, at 3½ P.M. Autopsy at 4 P.M."

*Liver*.—Interstitial tissue diffusely increased, with marked sclerosis in those places where the larger vessels and gall-ducts take their course. While in some places it is markedly cellular, in others it is quite well organized, cellular structure being more or less wanting. In many parts the acini are distinctly outlined from each other by the presence of newly developed connective tissue, in which may be seen pieces of the ramifications of the neoplastic arterial capillaries. The walls of the larger arteries are much thickened. In many places the walls of the gall-ducts are so thickened that no lumen is to be seen. The parenchymatous cells are moderately swollen, and what is most striking is the entire absence of sharply coloring nuclei in the greater number. In others the nucleus is colored indistinctly, while in others again it cannot be seen at all. These latter cells are completely filled with a granulous substance, some of which is of a dirty yellowish color, and but slightly refracting, being very fine. Intermixed with this substance is a more coarsely granulous material, the individual granules of which possess a very strong degree of refraction.

*Kidneys*.—The general character of the microscopic lesions is the same as in the previous case; the complications of the stroma of the organ being slightly more pregnant, and the sclerotic condition of the walls of the larger arteries more marked. The engorgement of the subcapsular bloodvessels and those

in the substance of the cortex is greater and the extravasations are more frequent and extensive. The parenchymatous changes in the tubes are not, in general, so marked, casts being wanting. Cover-glass specimens made from these organs in the same manner as before indicate exactly the same condition as to the microorganism present, except their more plentiful representation. Sections of the organs correspond thereto; the previously mentioned pigment in the cells of the liver seriously interfering with the view in many places, however, but in thin spots, more or less clear from the same, the germs may be distinctly seen. In the kidneys they are most profusely represented, especially in the intertubular tissue and spaces, and are to be seen with great distinctness, the section being most remarkably thin, as well as successfully colored. The variation in the extent of the uncolored belt which occurs during the process of evolution, and which causes a variation in the length of these organisms, is to be distinctly seen. The coagulum in some of the larger vessels is almost completely filled with these organisms. *No other organism is to be seen.*

"CASE III.—William Nelsen, German; died at Hospital Garcini, October 15, 1888, at 7 P.M., of yellow fever. Autopsy at 7½ P.M. the same day."

*Liver*.—Presents conditions exactly similar to those in the previous case, with the exception of a marked engorgement of the arterial circulation, as well as distention of the veins in places, and more complete sclerosis of the interstitial tissue surrounding the larger vessels, and less marked complication of the inter-acinous tissue. The kidney, on the contrary, while presenting similar parenchymatous changes to those described in the previous case, except in a more extreme degree, the granular character of the mass filling the tubes is excessively marked, cellular structure being almost entirely wanting as well as the nuclei. The most marked change is a diffuse complication of nearly all the capillary structure of the cortex, the walls of the arteries being so replete with nuclei as to make them almost as distinct as if injected. Accumulations of mono- and multo-nucleated round cells are present at many points of the bifurcation of the arteries, and especially in the vicinity of Bowman's capsule. The cortical portion is marked by a few engorged vessels and an occasional extravasation. In the medullary portion of the section at hand is quite a large vessel, with a ruptured wall surrounded by an extensive mass of extravasated blood.

*Examination for Germs*.—Smear-preparations of the above organs are especially characterized by their purity of representation, the absence of the coccoid form, and the remarkable clearness in which the belted structure and polar characteristics are presented. Examination of the sections confirms the previous statements.

"CASE IV.—Majin Marquez, Spaniard; died at Hospital Mercedes, July 8, 1888, at 1½ o'clock P.M. Autopsy at 4¼ P.M., same day."

*Liver*.—Sections of this organ are marked by the extreme degree of sclerosis of Glisson's capsule at those points where the larger vessels are collected, with extreme thickening of the walls of the gall-

ducts and encroachment upon their lumen. The veins are generally full of blood—many are markedly distended, which condition does not extend to the arteries as in the previous case. The complication of the inter-acinous tissue is greater and less cellular in character than in the previous case. There is also a diffuse complication of the intra-acinous connective tissue throughout the entire organ, with distinct encroachment upon the parenchyma, which, while less in quantity, has not undergone the same degree of acute degeneration, as in the previous case.

*Kidneys.*—The conditions of the kidney correspond more or less to those of the liver, those of a parenchymatous nature being of a minor degree, while those upon the stroma are more extreme, especially of the vascular system which are even more marked than in the previous case. The Bowman's capsule seems to be thickened. In some places the entire parenchyma has disappeared, its place being taken by granulation tissue. The cells bordering on the membrana propria are, in general, marked by clearly distinct nuclei, though an occasional one is wanting here and there. The balance of the contents of the tube is generally of a granulous character, though now and again a nucleus can be seen, and an occasional hyaline cast also; hemorrhages wanting.

*Examination for Microorganisms.*—Both smear-preparations and sections demonstrate the presence of the same microorganism as heretofore described with all the distinctness necessary.

"CASE V.—Soldier. Died of yellow fever, in Military Hospital, Havana, June 3, 1888. Autopsy five hours after death."

*Liver.*—Corresponds to that of the previous case but has a more marked sclerosis of the interstitial tissue in the great vascular spaces, with very distinct thickening of the walls of the arteries and almost complete occlusion of the gall-ducts. The inter-acinous complications are not, however, as distinctly marked, while the diffuse inter-acinous complication of the stroma is about the same.

*Kidneys.*—Diffuse complication of the stroma, a very slight degree of parenchymatous degeneration.

*Examination of the Tissue of Above Organs for Germs.*—Confirms previous statements in optima forma both in smear-preparation and section.

"CASE VI.—Soldier. Died of yellow fever, June 6, 1888. Autopsy three hours after death."

Interstitial complications in the liver less marked than in the previous case, being in general diffuse without any centralization at any particular point.

*Kidneys.*—Present the phenomena of acute parenchymatous inflammation with no complication of the stroma worthy of mention.

Microscopical examination of above tissue for bacterial organisms is but a simple confirmation of the results previously quoted, with this advantage, however, that the numerical representation of the germs is much more profuse than in either of the previous cases. A very large number of sections, and an equally large number of smear and covering-glass preparations were made from this material, and it so happens that in but one of all these specimens (most

rigidly examined, not only once, but many times, and again most critically reexamined when the previous notes were dictated) *was there any other form of microorganismal life present than that seen by Lacerda and Eabes, as early as 1884, and again by me in 1887 in some of the same material, and also by Sternberg.* This exception consists of but two examples of a slim rod with rounded ends coloring diffusely and intensely and having about the dimensions of the tubercle bacillus. Whether or not this is the bacillus of Gibier I cannot say, as in none of the literature at my command is there a description of that organism sufficiently detailed to warrant the forming of even an approximate conclusion.

The other organism was present in every case, sometimes much more frequently represented but failing in none. In the Lacerda material it was, however, most profusely represented, as has been previously mentioned.

It will be remembered that both Sternberg and Gibier, more or less positively deny the constant existence of any organism in the tissues, though Sternberg admits this one distinctly and mentions others, while Gibier as distinctly says: "The blood, liver, spleen, and the kidneys have been found free from microbes."

With even more dogmatic positiveness, aye, with the effrontery of absolutism, I assert that this organism is invariably present in all the tissues examined by me, and that he who cannot demonstrate it is deficient in microscopic technique. I freely admit that it is difficult to demonstrate when very sparsely represented and only by isolated individuals scattered here and there among the cells, but if a small vessel filled with coagulated blood is cut appropriately there can be no possible excuse for not seeing them. Perhaps it may be that my more extensive experience with this class of germs and a more intimate acquaintance with their appearance in tissues, which probably exceeds that of any other observer, may be of value, but be that as it may, again I repeat *that not only in the Lacerda material but in a very large number of sections from the six Burgess cases this one organism is present, sometimes and often seen end-on, then looking like a coccus, sometimes lying full to the eye and then presenting its two pole-ends and clear middle piece, the latter varying much in extent in different individuals, sometimes seen obliquely, and again, if on the surface of the tissue and exposed to intense tincture, sometimes colored almost diffusely—but no matter how you see it it is one and the same organism.*

I do not, however, rely upon the examination of sections to make such a diagnosis. One is liable to be deceived if he does that. Hence, long ago I bethought me of a method by which we could handle alcohol-preserved material as easily and as surely as we can that absolutely fresh. After some experimenting I dropped upon the following plan, which can be promised to give as reliable results as those obtained from material taken immediately from a freshly killed animal. Naturally, the results will also depend on the freshness of the material when placed in the alcohol. In order to test its accuracy I have repeatedly killed an animal purposely



inoculated with a known germ and have at once put pieces of the organs in alcohol, while at the same time I made fresh smears from the blood and organs, preserving the slides. At a later date I have then treated the alcoholic material in the manner to be described and arrived at equally satisfactory results. It is scarcely necessary for me to say that this method is fully as reliable as the use of fresh material. In fact when the precautions are duly observed it may be more so, for if the material is properly removed, the piece washed externally in corrosive sublimate solution and then in distilled water, and from thence into absolute (or 95 per cent.) alcohol, the addition of any new organisms to the piece, other than those present in the animal, is next to an impossibility.

*The Method.*—The trouble with alcohol-hardened material has always been the uncertainty of what we saw even in the thinnest sections, in the case of such very minute organisms as those of the ovoid-belted-septicæmia producing group.

To avoid this: take a perfectly clean, cotton-plugged absolutely sterilized test-tube (or the requisite number), filter into it about the same quantity of a 1-10,000 caustic potash solution as you would use of gelatine or any other cultivating material. Sterilize this by heat. Let it stand until assured it is negative (when one is working much numbers of these tubes may be prepared at once and kept on hand). With sterilized forceps lift the piece of organ into the neck of its bottle and from its center, by other sterilized forceps, remove two or three small fragments and quickly place them in the potash solution, leaving them there some hours or until the alcohol is displaced. Then on carefully cleaned and sterilized glasses (if one thinks he needs so much care, and in such disputed cases as this it is unquestionably necessary) rub up these fragments or such parts as is necessary to give a coating, as with fresh material; dry in air, flame, color and mount.

[To be continued.]

**VALVULAR DISEASES OF THE HEART.**—Prof. Peter, in a clinical lecture at the Hospital Necker, calls attention to that which he considers an important point in valvular diseases of the heart. It is the intense feeling of suffocation which a hot bath is sure to produce. The reason is easy to understand. In all valvular disease compensation is established by two factors: the cardiac muscles for one part, and on the other the extremity of the circulatory apparatus, the muscles of the capillary bloodvessels. Consequently, if you plunge the body in hot water you dilate these vessels; the peripheral circulation is relaxed by the inertia of the capillary walls; one of the factors of the compensation is suppressed and the patient suffocates.

Another curious observation is that the lesion may be established without having been preceded by rheumatism. It may follow a fever of but short duration with slight pains in some portion of the body. Mitral insufficiency was found to follow in a young woman suffering from severe torticollis with fever of only twenty-four hours duration.—*La France Médicale.*

## Hospital Notes.

JEFFERSON COLLEGE.

### HYDROCELE.

THIS is not always the trifling trouble it is commonly supposed to be. Indeed, it is likely that in the majority of instances there is accompanying some disease of the cord or the testes. If the hydrocele is at all large, do not draw off all the contents on one occasion, but a little at a time, so that the sac may gradually contract and thus lessen the danger from septic poisoning through the entrance of air. This is the great danger. I have known of a number of cases in which septicæmia, gangrene, and even death have followed this simple operation. Indeed, I think that the only scientific method of treatment is thoroughly to lay open the scrotum so that the parts will be directly under the surgeon's eye. But if you intend to draw off the contents and inject some irritant, I would suggest that instead of diluting iodine, for instance, with say eight parts of water, and then injecting the solution, that you let the eight parts of water remain in the sac, and inject into it the pure iodine. You lessen by that much the danger of the entrance of air through squeezing out all the contents of an elastic bag. A few days after injecting the irritant the scrotum will probably swell up as large as it was before, but there is no cause for alarm—it will go down again when the inflammation subsides.

Here is a small hydrocele in which I shall simply make four or five punctures with a sharp needle, and the contents will gradually ooze out without any further operation.—*Allis.*

### HARE-LIP.

This case of hare-lip was operated on last week. The division extended through not only the lip, but also the hard and soft palate, so it was a difficult and unpromising case on which to operate. You notice the little teat like projection hanging from the middle of the lip. That was made by freshening the two opposing edges, cutting the strips not entirely off, but allowing them to hang down. I will not snip that off, and I hope the parents will allow no one else to do it, for in the course of years considerable deformity will result from the fact that the normal tissues will grow faster than the cicatricial parts, and then when the child is ten, twelve, fifteen years old, this little projection can be utilized to remedy these defects in growth.

Hare-lip operations are exceptionally difficult for the reason that your very first one must be a success, or woe be to you! You cannot spoil one, throw it away, and try another. So be cautious with your knife and scissors. It is easy enough to snip a bit off, but no man can snip any on. Now about the pins and sutures. Instead of putting in the pins first, I put them in last. You can always see the scars left by pins which have been thrust transversely across the lip, and wound with figure-of-eight. After freshening the edges, I put in the stitches, beginning above. Any one of these can be taken out and put

in again if need be. After I have perfect apposition, I put in a pin, passing it from under the free border of one side of the lip diagonally up to the nostril of the opposite side. Sometimes I put in two. No noticeable scar is left by this proceeding, and in the case of a girl, especially, this little matter is of great importance.—*Allis*.

## BOILS.

Here is a little child with a number of boils. The mother is unwilling to have them opened with a knife, and, indeed, I am better pleased that she is not; for I do not believe that incising a furuncle hastens its healing. It will give a patient some relief from the pain, but will do no further good. These boils are the expression of a depressed system. This child needs much that it has not and cannot get—nourishing food, fresh air, cleanliness, better home surroundings. From their looks I should think that both mother and child would catch a cold were they to take a bath.

Elixir of calisaya and iron would do well here. And add to each teaspoonful of elixir of calisaya from half a drop to a drop of Fowler's solution.—*Allis*.

## CHANCRE.

This man is said to have a chancroid, but from the fact that it is just at the meatus and has an indurated feel, I believe it to be a chancre. The pus apparently coming from it really comes from farther up the urethra.

I find only one enlarged gland in the groin, but it is as yet too early for that sign. We will dress the sore with a little cotton saturated with plumbi acetat. gr. iij to ʒj, in order to reduce the inflammation, and besides that give some simple placebo till the rash comes out. If we begin mercury at once, the rash will probably not come out, and the patient is likely to conclude that he does not have syphilis. He will take medicine for a month or two and then disappear, only to come back one, two, or three years later with tertiary symptoms. I find that I get rid of the rash quickest by giving doses of blue-mass, guarded with from a fourth to a half a grain of opium; and I find that gr.  $\frac{1}{10}$  tartrate of antimony added to this increases the effect. When the rash is gone, I put the patient on protiodide of mercury, and keep him on that, never to the point of salivation, for two years. If he wishes, he is then fit to marry in safety.—*Hearn*.

## MEDICO-CHIRURGICAL COLLEGE.

## NOT DANGEROUS.

THE accidental escaping of pus into the peritoneum, during an abdominal operation, has little effect upon the subsequent improvement of the patient, if the peritoneum is thoroughly and antiseptically washed afterwards.—*Montgomery*.

## ARTHRITIS.

In severe cases of arthritis, where there is a great amount of inflammation, it is good surgery, says Pancoast, to ligate the main artery supplying the joint.

## STAPHYLORRAPHY.

The patient, a young man, was operated upon the week before by Stubbs, and the union obtained was most excellent. The after-treatment in these cases is of the most importance; the patient should not be allowed any solid food for some time, and should abstain from talking or anything likely to strain the parts and cause a disunion.

## COLLYRIA.

Keyser says that where the mineral astringents are used in eye-washes they should be employed in weaker solutions, and applied more frequently than they usually are.

## UNIVERSITY HOSPITAL.

PEPPER presented a man who was suffering with ascites. "There is nothing to indicate peritonitis in his case. On examination I find the edge of the liver thickened and hard, with general enlargement of the whole organ. He has never been a drinker. One gallon of fluid was drawn from his abdomen by the aspirator. His condition is one of hypertrophic cirrhosis with ascites. He will be given a pill of calomel, digitalis, and squills. Will give him at first three grains of iodide of potash and push it to tolerance. We will also apply over the hardened liver:

R.—Potassii iodidi . . . . . gr. xx.  
Iodi . . . . . ʒj.  
Lanolini . . . . . ʒj.—M.

His diet will consist of milk, mush, green vegetables, and very little meat. I never despair in the treatment of cirrhosis of the liver."

## LUMBAGO.

Mr. S. J., aged forty-six, German, comes to us complaining of a pain in the back. Too often do physicians jump to conclusions, and attribute all pains in the back to rheumatism or a mere sprain. It may come reflexly from hemorrhoids, when it is low down in the back, from an aortic aneurism which presses against the vertebra or nerves, from neuralgia, from a beginning Pott's disease, or various other conditions. Within the last few days a case was referred to me in which a pain near the inferior angle of the scapulæ had been treated as sprain, neuralgia, and other troubles, when in reality I found a condition of caries of the vertebra in that region. This man has been subject to rheumatism, and as we have excluded all other causes we shall diagnose his trouble as rheumatism or lumbago, affecting the structures at the lumbo-sacral articulation. I have never found that you could get good results unless you made an actual application of cautery with the hot iron over the region affected. The cautery will, therefore, be applied over the seat of pain, and he will be placed upon the protracted use of wine of colchicum, ℥ x., with tincture of guaiacum ℥ xx-xxx., three times a day.—*Pepper*.

## TYPHOID FEVER.

R. D., aged fifty-six, Irish, brickmaker, admitted nine days ago. Tongue was dry and slightly coated, teeth covered with sordes, much wasted and has lost



about fifty pounds, lungs and heart normal, slight tenderness in the right iliac fossa. Some sudamina on abdomen. Temperature has ranged from 99° to 103°. Dull, indifferent, and has a listless, heavy expression. Tympanites with some diarrhoea. I think this a case of typhoid fever and we shall work on this basis. Give him a liquid diet of mutton-broth and milk; also whiskey  $\frac{3}{4}$  iv every twenty-four hours. Put him on the use of turpentine  $\mathfrak{m}$  v every three hours.—*Pepper*.

## CHRONIC MALARIA.

For a person who is saturated with malarial poison *Pepper* gives:

R.—*Strychninæ sulphatis*,  
*Acidi arseniosi* . . . . .  $\mathfrak{aa}$  gr.  $\frac{3}{4}$ .  
*Extracti belladonnæ* . . . . . gr. ij.  
*Quininæ sulphatis*,  
*Pil. ferri carbonatis* . . . . .  $\mathfrak{aa}$  gr. xlvij.—M.

Fiat pil. No. xxiv. Sig.—One pill thr. e or four times a day, after meals.

## PHILADELPHIA HOSPITAL.

## TEETHING.

IN his remarks upon children, Stryker spoke of teething. You will often be consulted by parents in regard to the teeth of their children, and a few remarks on that subject will not be amiss. It is not until after the sixth or seventh month that the teeth begin to give trouble. The central incisors of the lower jaw are the teeth that come first, and the gums become swollen, hot, and uncomfortable, and in such cases cooling and anodyne applications are all that are necessary, for nature usually relieves it. Later on, in cutting the other teeth, the child's rest may be disturbed; sleeplessness and certain constitutional disturbances, as convulsions, or, in hot weather, diarrhoea. In these cases it is well to incise the gum to the crown of the tooth. There is a notion that the scar tissue formed will retard the eruption of the tooth, but it is a fact that scar tissue disintegrates and gives way much easier than normal tissue. It is much better to allow the first teeth to come out themselves, than to pull them, for they act as supports to the second teeth and prevent them from deformed positions. Parents should be instructed to care for their children's first set of teeth, as well as they do the permanent set.

## RETENTION OF URINE.

Frequently you will be called in twenty-four or thirty-six hours after birth to see a child that is not able to evacuate the bladder. Examine at once for any malformation—it is always my rule to do this at the time of birth. At birth the prepuce is longer than necessary, but as the child grows older it shrinks. It may be that the opening of the prepuce is pin-like, so that the urine cannot escape. In this case introduce a small probe to break up any adhesions to the glans penis; then introduce a pair of forceps and gradually dilate the foreskin until the glans can be exposed. Do this every morning until the parts are in a normal condition. If these parts are not stretched, there is irritation due to the col-

lected secretion, causing balanitis and constitutional disturbances, such as convulsions and wetting the bed. This simple operation, if done in young children, will save the necessity of a graver operation in after years. Children respond very quickly to these troubles as well as to simple treatment. It is best to tie up the penis in a soft rag saturated with warm water to soothe it, and allow nature to proceed in healing. It may be necessary to apply a little lead-water and laudanum to keep down inflammatory processes.

## ERUPTION OF POTASSIUM IODIDE.

I show you this young child, who has an eruption of a papular character, with small, yellow heads, and to all appearances resembles the eruption of measles. It has been taking the iodide of potassium, and now has a typical rash of iodine. This eruption will need no treatment beyond the cessation of the iodine. I wish to impress on you the importance of close inquiry in every case and not jumping at hasty conclusions. One might hastily say yes, baby has the measles, when it is simply the iodide rash.

## TONIC.

The following tonic is good for weak stomach and indigestion:

R.—*Quininæ hydrochloratis* . . . . . gr. xlvij.  
*Tr. gentianæ compositæ* . . . . .  $\mathfrak{f}\frac{3}{4}$  iv.  
*Syrupi zingiberis* . . . . .  $\mathfrak{f}\frac{3}{4}$  ij.—M.

Sig.—Take a dessertspoonful every meal time.

## COXALGIA—DEATH FROM ETHER.

D. F., Italian, aged thirty-six; three months ago he was admitted to the hospital suffering from coxalgia; the thigh was slightly flexed, rotated outward and the adhesions prevented extension. On May 4, 1889, he was brought before the class, under the influence of ether, and the adhesions were broken up. He was placed in bed and the limb treated by extension. It grew more painful; an abscess was diagnosed, and, on May 18, he was again brought before the class by Dr. Ransley. An exploratory incision was made over the great trochanter and a large amount of pus escaped. Most of the pus was extracapsular. The capsular ligament was opened and an examination of the bones did not reveal anything that would justify further operative procedure. The cavity was to be cleansed with bichloride, 1-2000, and absolute rest in bed, with extension, was to be required. The patient bore the ether very badly, and during the latter stages of the operation hypodermics of whisky were freely used; but in spite of this his pulse grew weaker and he was taken from the clinical amphitheater in a dying condition. All means were used to revive him, but death soon ensued. Post-mortem examination showed that the tissues around the joint, as also the psoas sheath, contained pus. He had also manifested symptoms of blood-poisoning previous to the operation. It was noticed that all the organs gave off the odor of ether, and there appears to be little doubt that the immediate cause of his death was the anæsthetic, though the operation was wholly justifiable, as it was his only chance for life.

## CHRONIC PARENCHYMATOUS NEPHRITIS.

This case is that of an old woman who has flabby cheeks; puffiness beneath the eyes; a pale waxy look; marked oedema of tissues; pulse slow and of fair tension; urine is amber colored and diminished in amount, acid in reaction; specific gravity 1019; hyaline casts more or less granular; pus corpuscles; epithelial cells, and decided quantity of albumin. In the treatment of these chronic cases, you cannot expect to make a complete cure, for there is a structural lesion of the organ which no manner of treatment can replace. The indication for treatment in this class of kidney trouble is to render the skin active and thus relieve the kidneys. This woman will receive hot-air baths, and if necessary jaborandi. Her diet shall consist exclusively of skim milk. It has been found that, after a prolonged use of skim milk alone, the patient thrived well and every trace of albumin disappeared from the urine; but as soon as this diet was varied albumin returned at once. It is my opinion that the whole milk will answer better, for the fat in it will serve for required nutrition. She will be placed on small doses of carbonate of ammonia for a short time to stimulate her heart; and will also be placed on Basham's mixture.—*Walker.*

## TYPHOID FEVER.

In speaking on typhoid fever, Dr. J. C. Wilson claims that 75 per cent. of the cases will get well, with good nursing and suitable diet, without any medicine; 10-15 per cent. will not get well at all, and 10-15 per cent. require medicine. "If there is a specific for typhoid fever, I should say it is carbolic acid and iodine, and I use it in every case of this kind. When the first solid food is given to a typhoid patient during convalescence, a fever may come on (*febris carnis*) leading one to think seriously of a relapse, but it is of short duration usually. This case is one of a convalescent typhoid, and he is given six grains of quinine and two teaspoonfuls of Basham's mixture."

## PROGRESSIVE PERNICIOUS ANÆMIA.

I bring this man before you this morning not to lecture to you upon his condition, but to show you one of the most remarkable results of treatment in the wards of this hospital. Our history on April 2, 1889, shows that he is a Scotchman, aged forty-two years; white; general laborer; has been in America four years; not temperate as regards alcohol; has always been pale; grew weak and had strange noises in his head, accompanied by palpitation of heart; skin had a waxy yellow hue, with slight jaundice; appetite poor, and constipation; systolic blowing at the heart, venous and arterial; bronchitis; spleen almost normal; red blood cells diminished enormously, 600,000 to cubic millimetre; hæmoglobin, 15 per cent.; red cells altered in form and nearly normal in size. May 2, his condition was considered fatal, but the red cells had increased to 1,500,000; hæmoglobin, 30 per cent.; to-day, May 10, red cells number 1,780,000, and jaundice has disappeared, as well as the waxy hue of the skin; his general condition is much improved, and it is my opinion that he will entirely recover. He has not been given iron.

He was given Fowler's solution,  $\text{m} \text{ iij.}$ , three times a day, increased one drop each day, and at present he is taking twenty drops, three times a day. He has also been required to take, at intervals, four or five long, full inhalations of a mixture of two volumes of pure oxygen gas to one volume of nitrous oxide gas, three times each day. The diminished red cells were not able to receive sufficient oxygen from the air to nourish the body, so, by forcing them to use these inhalations, more oxygen was taken up and a consequent improvement from the very first. The arsenic caused some gastric trouble, but was stopped for a few days and again resumed. He has been given the very best diet. This treatment will be continued, and if our patient continues to improve, as he has, he will soon be a well man.—*Wilson.*

## HERPES ZOSTER.

This old woman, who was admitted after a debauch, has a rash in the form of a girdle, which extends around her body below the breasts. This is a cutaneous disease associated with neuralgia, and often the pain that precedes the appearance of the rash is very severe for some time. This woman developed an acute intercostal and infra-orbital pain of a burning character, following which was a crop of vesicles from a pin-head size to that of a split pea, having their long axis with the axis of the intercostal and infra-orbital nerves. Treatment consists of small doses of morphine, repeated simply to control the pain. Moderate doses, gr. v., of antipyrin will often control the neuralgia. Large doses of quinine also relieve neuralgia, but are unsatisfactory. The simpler the local treatment the better. Nothing is gained by poultices. Prevent irritation from clothing by a flannel bandage. Powders are useless, except when the vesicles burst. Ointments are disagreeable and not much good. My own feeling is that the application of collodion, somewhat diluted with ether, and to which is added morphine gr. j to  $\text{ss}$ , is all that is required. Collodion covers the rash with a thin film that excludes air and irritation from clothing. After using a good many forms of treatment, I find antipyrin, morphine, and collodion give the best results. Duration is from ten days to two weeks, healing with slight scars on the face. It is a disease to which certain families show a predisposition.—*Wilson.*

## HOW TO OPEN AN ABSCESS.

Ransley says that abscesses in the deep parts of the side of the neck should be opened thus: make an incision through the skin with your scalpel, introduce your grooved director into the abscess, and with a pair of forceps dilate the opening sufficiently to allow a free escape of pus. Wash the cavity with bichloride 1-2000, and dress antiseptically. Although this is rather a rough manner in which to evacuate an abscess, yet you are not liable to injure any of the important vessels or nerves that might otherwise be severed by a knife.

DR. EDSON gives a timely warning against typhoid fever, and ventures the broad assertion that there is probably not a well in the country whose water is fit to drink.

# The Times and Register

*A Weekly Journal of Medicine and Surgery.*

New York and Philadelphia, June 8, 1889.

**WILLIAM F. WAUGH, A.M., M.D., Editor.**

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## ASYLUM INVESTIGATIONS.

WE look upon these investigations of insane asylums as an unmixed benefit to those institutions. Not that they often succeed in unearthing veritable abuses, even when they really exist, but they serve to bring back the attention of the hospital attendants to the fact that their duties are not those of turnkeys, but of nurses. It must not be forgotten that these duties are singularly difficult. Lunatics are not easy to manage. They are sometimes irrational, swayed by insane impulses, evil in thought, treacherous, lying, quarrelsome; in a word, they possess sometimes the ingenuity of fiends in making themselves disagreeable. It is necessary for their own good that they shall be held in subjection, and not suffered to injure themselves or others, or to destroy property wilfully. As the object of their treatment is to restore their power of self-control, discipline is a primary means of cure.

When the officers of an asylum are capable, when they are endowed with the necessary mental qualifications to secure the respect of their charges, when to the knowledge of the medical art and mental philosophy, they add an earnest desire to benefit their patients and a ready sympathy for their infirmities, the task of controlling the insane is not difficult. For there are few insane persons who will not recognize the presence of a warm, sympathetic heart, and give their assistance to an earnest effort to do them good. When this spirit animates the whole institution from the superintendent down, there is little to fear and much to gain from public investigations.

But if the attention of the officers be engrossed with any interest other than the individual welfare of the inmates, it is different. The attendants soon perceive that the first duty demanded of them is to keep the patients from annoying their superiors, and that as long as this is done, the latter are indisposed to look too closely into the methods employed to bring about the desired result. This is so true that even attendance at professional assemblages, and the preparation

of papers to be read at them, is held to detract from the more essential ward-work of the asylum physician. When this condition exists, abuses are sure to creep in; abuses which cannot be brought out by an investigation. A black eye or a broken bone can be blamed on another patient; as the inmates are just as likely to be cruel to each other as the attendants. The testimony of patients is a very uncertain guide, except to those who are familiar with them. For these reasons, abuses may exist which jeopardize the lives and prevent the restoration to reason of the patients, and the asylum officials be ignorant of it. The hospital becomes in effect a prison; where order and discipline, safe-keeping and feeding, with such treatment as will prevent the annoyance of others, are the only objects aimed at. When patients recover their reason, it is more by the grace of God than by the intelligent application of the art of the alienist.

Practically, this is not often the case. Those who are at the head of our asylums are almost invariably men of the highest mental and moral qualifications, who devote their lives to the study of their patients, and who know them too intimately to be deceived by an attendant's stories. By unwearied diligence they make up for the difficulties under which most of them labor from the want of intelligent attendants; and real cases of cruelty are very rare in the institutions controlled by these men.

Hence, as we have stated, we look upon these investigations as highly beneficial; as bringing back those who are in authority over lunatics to a sense of the demands of humanity, and directing their attention forcibly in the line of their most important duty.

There is another aspect of this case, and it is surprising that it has never occurred to the sharp-sighted members of the press. In their investigations of the inner workings of the asylum, they do not seem to have been struck with the exceptional qualifications demanded for a good attendant, and the impossibility of procuring such persons for the low wages now paid. The man or woman who has enough tact to keep in order a ward full of lunatics without resorting to force, is expected to work for the wages of an ordinary house servant. Problems which would test the skill of an Esquirol are left to nurses who can hardly read and write. The true moral of these scandals is simply this: exercise the greatest care in the selection of the staff of an asylum, and then pay the members enough to warrant them in devoting their lives to the work.

WE are pleased to announce that the celebrated clinician, Dr. Dujardin-Beaumetz, has joined our editorial corps, the American Medical Press Association.

DR. BIGGS has testified that he has discovered evidences of hemorrhage at the base of Bishop's brain, sufficient to cause death. Let us hope that this question is now definitely settled; and in a way to put at rest all the gruesome suspicions which have been circulated.



## Annotations.

## JOHNSTOWN.

A RUSH of flooding waters, and the terror of death suddenly falling upon thousands, and a city of forty thousand inhabitants is blotted out of existence. The greatest calamity of modern times has fallen upon the valley of the Conemaugh, and out of the string of towns along her banks many thousands lie dead; overwhelmed in the flood, crushed among the wreckage of falling cities, or, worse yet, roasted in the flames which broke out in the chaotic mass of houses packed against the bridge.

A leading characteristic of the age is the security afforded to life and property; which, imperfect as it may appear to us, has steadily increased since the Middle Ages. The rule of law and the science of the engineer have combined to make the horrors which mainly form what we term history, comparatively infrequent in modern times. This renders still greater the shock when such an appalling catastrophe occurs as that of Johnstown.

It is certain that there will be great distress among the survivors; and that the contributions which are pouring in from every quarter will all be needed before the district will again become self-supporting. Our own profession is among the first to respond; and a number of physicians have left Philadelphia for the recent disaster. What with grief or despair, added to the effects of bodily injury and exposure, their services will be badly needed.

The improvised hospitals in the neighborhood are crowded to overflowing, while all sorts of temporary shelters are being utilized. Our city hospitals will probably be called upon to accommodate some of the sufferers who can be moved, and active preparations are being made to receive them. Jefferson has sent a corps of surgeons to the front, under the competent leadership of Prof. Forbes, with an ample store of surgical dressings.

The Medico-Chirurgical Hospital has placed her fifty beds at the disposal of the authorities, making provision elsewhere for her present inmates.

Prof. Pancoast has got the Red Cross Association actively at work, and has sent a contingent of surgeons to the front. The University has also supplied a number of workers. Prof. Keen has called an extra meeting of the County Medical Society, and has authorized a draft upon its treasurer for \$500. It is probable that the meeting of the State Medical Society at Pittsburgh has been seriously marred by this calamity; many physicians turning aside to go to Johnstown, and others being detained on the way by the widespread injury to the railroads caused by the floods.

THE *Journal of the American Medical Association* comes out on May 25, with an edition of 75,000 copies. The Journal gives evidence of careful and competent editorial supervision; and if it is now under a temporary management, the Association can scarcely do better than make the present arrangements permanent.

## THE ELEVENTH CENSUS.

IN another column will be found an official circular from the Superintendent of the Census requesting physicians to aid in the work of collecting statistics, and announcing that the eminent statistician, John S. Billings, has consented to take charge of the Report on Mortality and Vital Statistics. Dr. Billings has been before the medical world so long that any reference to his great abilities is superfluous. As a statistician he has succeeded in investing his rather arid subject with an interest previously unknown. Most of our readers will remember the sensation with which his famous malarial map was received by the medical profession; a work upon which undoubtedly depends the degree of popularity which he enjoys in the West and South. His broad manner of dealing with his subject, taking in whole empires at a single sweep, regardless alike of minor considerations, such as individuals and facts, his freedom from anything like personal bias in the exercise of official authority, all combine to increase the interest excited by the announcement, that this brilliant imagination is to have a new and wider field in the manipulation of the vital statistics of the Eleventh Census of the United States.

We hope that in one respect this Census will be an improvement upon the last, in that the promises made to physicians will be kept. It will be recollected that copies of the portion of the Census of special interest to the medical profession were promised to those who contributed to these statistics. We have been unable to find any one who has received the promised copy.

IN the *Journal of the American Medical Association* for May 25, 1889, is an interesting table of information concerning the medical colleges of the United States and Canada. In it we note with surprise that the Pennsylvania medical colleges are credited with the command of beds for clinical instruction as follows: Western Pennsylvania Medical College, 200; Medico-Chirurgical, 50; Women's, none; Jefferson, 150; University of Pennsylvania, 1100! It will be news to many that the University Hospital has 1100 beds, unless this includes the Almshouse.

DR. GIHON has been laboring for years to have a monument erected to Dr. Benjamin Rush. If one alone out of America's bright galaxy of physicians is to be thus honored, there is none on whom the profession can more readily unite than on Dr. Rush. But little would be needed if each were to do his part. Let each of our readers who goes to Newport take with him a little offering for this good cause, and let those who disappoint their brethren by staying at home send a double portion.

THERE are vacancies in four vaccine districts in Philadelphia. These are to be filled by competitive examination, the "civil service rules" in this case being really intended to afford some grounds for judging of the merits of the applicants.

## Society Notes.

## OHIO STATE MEDICAL SOCIETY.

THIS Society met in its forty-ninth Annual Session, at Youngstown, May 22, with the President DR. P. S. CONNOR, of Cincinnati, in the chair.

## LARYNGEAL PHTHISIS

was the subject of a paper read by DR. A. B. THRASHER, of Cincinnati. He said it is established beyond a reasonable doubt, that at times this is a primary affection. While the rule remains that the lungs are generally affected either with or before the larynx, yet Demme's case has disproved the statistics of Heinze, as tubercular disease of the larynx was found in death from tubercular meningitis. The special reason for invasion of the larynx was thought to be due to a weakened condition of the organ from abuse of the voice: either by improper method, over use, or by using the voice in a bad atmosphere. The theory of specific infection by the Koch bacillus would scarcely hold good, as if the bacilli were inhaled the nasal mucous membrane should be more frequently affected. If it were exhaled from the lungs or carried out in the sputa, the surface of the mucosa would be first affected, while, as a matter of fact, the tubercular disease first began below the surface.

In uncomplicated cases, Dr. Thrasher thought the laryngoscopic examination would establish the diagnosis. Small, multiple ulcers with ragged edges on the under surface of epiglottis, the edges of the vocal bands or over the aryepiglottic folds, on a pale, cedematous surface, would mean tubercle. Pale thickening of the free edge of the vocal band or of the tissue over the arytenoids, this latter assuming a pyriform shape, implies tubercle. In syphilis, the ulceration is on the buccal surface of epiglottis, but one large ulcer surrounded by highly inflamed tissue with involvement of cervical glands. In cancer, one ulcer on the apex of a tumor usually on the ventricular band, preferably the left one, with marked redness of larynx and pharynx.

The general treatment does not differ from that of phthisis pulmonum. Locally, lactic, chromic or acetic acid to the ulcers: or, preferably, the galvanic cautery. Cocaine, menthol, morphine, by spraying solution in vaseline during inhalation. By these means the patient is able to take food and is free from much excruciating pain which accompanies the last stages of laryngeal phthisis.

DR. MAX THORNER, of Cincinnati, read a paper on

## CHRONIC PAINFUL AFFECTIONS OF THE THROAT.

Pharyngitis as well as laryngitis, is sometimes due to rheumatism. These cases are usually very obstinate and resist every treatment, except that which is directed against the diathesis. The symptoms are, pain in or about the throat: in pharyngeal affections the pain is mostly located in the regions of the fauces and tonsils, and sometimes as far down as the hyoid bone. If the larynx is concerned, there is localized pain in and around the larynx, the whole region about the larynx and the upper part of the trachea may be painful to

pressure: some tender spots are always present. The pain is intermittent and patients suffer more during changeable weather. Locally, there is more or less congestion, which is sometimes circumscribed and limited to small tender spots. In rare cases, congestion may be absent. Neither ulceration nor swelling are found in the throat. The general health of the patients remains undisturbed, unless they suffer at the same time from other manifestations of rheumatism.

The diagnosis must be based on the history of the patient. Sometimes rheumatic sore throat is found in people who have never suffered from rheumatism, but in the majority of cases this disease can be traced among their former ailments. The treatment for this affection must be chiefly that for rheumatism in general: local applications may assist in the treatment, but can never alone effect a cure. Salicylate of soda, salol, oil of wintergreen, phytolacca and iodide of potassium, are of special value. Sometimes hot applications, the faradic or galvanic current, are very effective in producing relief. One case, a lady of pronounced rheumatic diathesis, was not amenable to treatment until she had spent several weeks at the hot springs in Mt. Clemens, Mich., whence she returned cured. Chronic rheumatic affections of the throat are found more frequently in men than women. Relapses are common.

DR. J. C. REEVE, of Dayton, presented a paper on

## THE EARLY DIAGNOSIS OF EXTRA-UTERINE PREGNANCY.

It was based upon a careful study and annotation of the symptoms present in a large number of reported cases, and was prepared with the object of directing the attention of general practitioners, into whose hands the majority of these cases fall, in order that relief may be afforded in time. The symptoms were individually considered and classified as: 1. Suggestive. 2. Presumptive. 3. Certain. By an attentive study of these, a diagnosis could generally be made, although in some cases the difficulties were insuperable. The subject of treatment was only considered to show how the advocacy of different methods had led to undue depreciation of the possibilities of a diagnosis at an early period.

Secretary Collamore's report showed a membership of five hundred and seventy-eight and a decrease of eleven county societies in the State.

On recommendation of the Finance Committee the dues were made \$2.00, and the salaries of the secretary and treasurer were increased from \$75, to \$125 per annum.

Election of officers resulted as follows: President, Dr. John McCurdy, of Youngstown; First Vice-President, Dr. W. J. Conklin, of Dayton; Second Vice-President, Dr. A. W. Ridenour, Massillon; Third Vice-President, Dr. C. W. Tangeman, Cincinnati; Fourth Vice-President, Dr. J. E. Woodbridge, Youngstown; Secretary, Dr. G. A. Collamore, of Toledo; Assistant-Secretary, Dr. E. C. Brush, of Zanesville; Treasurer and Librarian, Dr. T. W. Jones, of Columbus. Columbus was chosen as the next place of meeting the first Wednesday in June, 1890.

## CINCINNATI MEDICAL SOCIETY.

A CASE of Œdema of the Larynx which produced much discussion was reported by DR. A. D. BIRCHARD. What seemed an ordinary cold in a young man of nineteen, developed in twenty-four hours into an aggravated croupous condition with alarming dyspnœa. The speaker was then sent for and found intubation necessary. Three attempts were made to insert a tube, but the patient expelled each by coughing. The man was almost asphyxiated when all was ready for tracheotomy, which was successfully performed, the temperature never being over 102°, and normal the fourth day. The tube was removed then as phonation was restored, but the respiration became so embarrassed it was necessary to replace the tube. The after-treatment consisted in keeping the atmosphere saturated with moisture. The tube was finally removed the eighth day, and the patient put upon tincture of iron. His improvement was quite rapid, and in two weeks he resumed work.

DR. B. P. GOODE, who assisted in the operation, thought the case very much like the one from which Washington died, as now understood. In this instance there was some thickening of the epiglottis and parts about it.

DR. THORNER said there is but one thing to be done in these sudden cases of acute œdema of the larynx, viz., tracheotomy. He related two cases of his own, in which scarification and the hypodermic use of pilocarpine relieved the impending suffocation. The tubes with the intubation case are not long enough in most instances. If the tube is long enough to protrude from the mouth, he thought it would be of service in œdema of the glottis where the usual tubes are of no benefit.

DR. R. B. HALL reported the history of a case of Gunshot Wound of the Abdomen. Senn's test for perforation of the intestines by means of hydrogen gas was attempted, but was unavailable; the post mortem revealed that the long track of the bullet had filled the tissues with blood clots, hence the impossibility of introducing a probe or canula to let out the gas.

At a recent meeting Dr. C. P. JUDKINS discussed the connection of Chronic Eruptions and Internal Diseases. He reported the case of a gentleman who suffered from an eczematous eruption of the hands and arms. A stay at Hot Springs failed to remove it, but three days before he had an attack of pneumonia the eruption disappeared, but on his recovery it reappeared.

A successful case of Induction of Premature Labor in contracted pelvis was reported by DR. W. H. TAYLOR. The means of inducing labor was the flexible bougie, which proved so satisfactory in his hands that he thought no other means necessary of consideration. After the labor has commenced, if the woman is in a good condition, he thought she should be let alone for a time. Generally, indications for artificial delivery will arise, and then the question of forceps versus version presents itself for consideration. Dr. Taylor thought that if the head

had entered the brim and then ceased to progress, forceps were clearly indicated, and especially the axis traction forceps. If the head remains movable above the brim, after fair efforts at expulsion have been made by the uterus, the use of the forceps will probably result in harm to the mother and child, and it is better to resort to version. He did not advise, as a rule, the application of the forceps to the after-coming head, but said there were cases in which it is indicated. The determination of the exact character of the deformity, and the character, and size, and age of the fetus he considered matters of the greatest importance. In the case reported both mother and child were saved. The child was at the eighth month and was kept in Tarnier's couveuse.

## The Inquirer.

## G. W. C.'S CASE.

"G. W. C." wants some suggestions about the case of Mrs. H (THE TIMES AND REGISTER, May 18, p. 66). I had a similar case some three years ago. Mr. P., a man about forty-five years old, who had always enjoyed good health, came to me complaining of intense thirst; he was passing a large quantity of urine, between three and four gallons in twenty-four hours. As there was no trace of sugar in the urine, I called it diabetes insipidus.

I gave him ergot and other remedies recommended for that disease, but without benefiting him. I decided to try the effect of turpentine, giving doses of fifteen to twenty drops, three times a day. He soon began to improve under this, and in four weeks was cured. He has had no return of the trouble up to the time of writing. Try the remedy and report results.

A. LIBBY, M.D.

RICHMOND, ME.

## IS ANTIFEBRIN DANGEROUS?

VARIOUS authorities agree in pronouncing antifebrin a safe and reliable antipyretic, useful in quickly reducing temperature without any untoward results. Yet my experience does not justify me in coinciding with my cotemporaries, as results will show. Having had personally but limited experience with the drug, I concluded recently to test its properties in a case of infantile fever by administering a four-grain dose to a child of three years of age, whose temperature persistently remained at from 101° to 103°. Hardly had one-half hour elapsed when I was summoned to the bedside to find that the dose had done its work effectually, as temperature was below normal, with impending collapse indicated by cold extremities, feeble respiration and labored heart's action. Prompt administration of restoratives prevented the impending result and the patient was eventually restored to health; but under other treatment than that afforded by antifebrin. As no organic heart derangements existed and the drug was supposed to be a prime article, we are at a loss to account for its peculiar action in this instance, unless some idiosyncrasy of the patient existed, or the much vaunted antipyretic properties of the drug are of a dangerous



character. If so, it should be administered with circumspection.

A. L. SAYLOR, M.D.,

Surgeon-General Oregon National Guard.

NORTH POWDER, OREGON.

### INFLAMMATORY SWELLING OF BOTH GREAT TOES IN A CASE OF FEVER.

I WAS called, on April 14, in consultation, to the case of a young man who had been sick one week.

The range of temperature had not been high, was now 100°, pulse weak and frequent; tongue dry, brown, furred, red edges; skin dry; urine quite scanty; bowels slightly constipated; there was a yellowish tinge of the conjunctivæ. For three days there had been progressing an inflammation, considerable swelling, and intense pain of both great toes; serum forming under the skin; they looked as if they might soon become gangrenous.

This was, to me, the most remarkable feature of the case, and it is for the purpose of eliciting the views of yourself, or any of your readers, in regard to the nature of the case, and the relation of the toe trouble thereto, that I request your consideration of the case.

Taking a general view of the symptoms, they correspond, at the same time, to those cases of continued malarial fever as seen in the south-west.

Another thing noted at the examination was the pain produced in lumbar region by abdominal palpation; there was also some pain in lumbar region independent of palpation, which was attributed to renal congestion.

However, there being pain also in the left gluteal region, much increased by even gentle pressure. I said to the doctor, that while we could only diagnose continued malarial fever, I felt strong suspicion of abscess, and to look out for further developments.

Afterwards, I learned that the swelling of toes soon subsided, and that about the fourth or fifth week an abscess opened in the gluteal region and discharged a large quantity of fetid pus. About ten days later another opened in the lumbar region and discharged freely.

When I last heard from patient abscesses were still discharging and he wearing out.

Please let us hear, through THE TIMES AND REGISTER, from any one who can give information on the case, and *especially in regard to the affection of the toes.*

The physician in charge of the case had diagnosed "spotted fever," and declares that he had seen such an affection of the toes in several cases of "spotted fever." No other cases of the disease had appeared.

During an epidemic of cerebro-spinal meningitis, some years ago, I heard authentically of a boy who was seized with intense pain in the great toe, which continued from the first moment of his illness until death occurred in about forty-eight hours.

A. A. DUNN, M.D.

PURCELL, IND.

[If the inflammation of the toes preceded the suppuration in the gluteal and lumbar regions, the latter were secondary abscesses, due to the migration of pyogenic bacteria along the lymphatics. We have seen a suppuration in one great toe give rise to ab-

scences in the corresponding calf and in the thigh below the crural opening. As to the cause of a simultaneous suppuration in both great toes, we can only conjecture. It is, of course, a curious coincidence, unless there were some special exposure of the feet to septic matter, but of this the history gives us no account. If the patient had been cleaning a privy well or a drain, with leaky boots on, or spreading putrid manure, the coincidence would not be so remarkable. There is nothing to indicate any continued fever, unless the physicians of that locality have learned to associate such attacks with malaria, etc.

W. F. W.]

## Book Reviews.

PROCEEDINGS OF THE SOCIETY FOR THE STUDY OF INEBRIETY. No. 20, May, 1889. Published for the Society by H. K. LEWIS, 136 Gower Street, W. C. Price, sixpence.

This number is notable for giving an explanation of the report upon which was based the absurd statement that teetotalers do not live as long as habitual drunkards.

THE EAR. By C. H. BURNETT, A.M., M.D. Philadelphia: J. B. Lippincott Company, 1889.

This little book is one of a series of lessons on practical nursing, issued by this well-known publishing house. It is a well-written and instructive book for the people. It is not intended for the student or physician, but for family use. It gives instruction on what to do in diseases and injuries of the ear, and what is especially good is the advice for the prevention of these troubles, while it does not interfere with the attention and duties of the physician. The author is so well known as an accomplished specialist on the ear that anything he may write cannot but be received as authority in this branch of medical science.

A TEXT-BOOK OF PATHOLOGY, SYSTEMATIC AND PRACTICAL. By D. J. HAMILTON, M.B., F.R.C.E., F.R.S.E., Professor of Pathological Anatomy, University of Aberdeen. Vol. I. London and New York: Macmillan & Co., 1889. Pp. 736. Price, \$6.25.

Prof. Hamilton in his preface justly takes a broad view of the scope which he considers a work on pathology ought to cover, saying: "It will, I think, be granted that the pathology of to-day is not delimitable merely as a matter of pure morbid anatomy, pathological histology, pathological physiology, pathological chemistry, or clinical medicine, but that these are simply members of a great body, and that they are indissolubly bound together."

We are also pleased to see that the author acknowledges the importance of clinical experience as a kind of inhibitory power. Many of those whose life is spent chiefly in the laboratory among phials, chemicals, exact instruments, and "scopes" of all kinds, are apt to reach conclusions and to issue arbitrary statements widely at variance with those phenomena which the clinician knows to be facts, not mere inductions or deductions from assumptions.

Prof. Hamilton says: "In order to arrive at a solution of the great problems of disease, many accessory means of investigation must be adopted. Experiment must be largely resorted to, exact methods of physical research must be drawn upon, animal chemistry must be called in to assist, comparative pathology must contribute largely, and, lastly, the whole record must be controlled by the results of clinical observation."

Part I is practical. The author gives minute directions for making post-mortem examinations, describing the necessary instruments, and then the proper method to pursue in examining each separate organ, closing with a form for an ordinary, and also for a medico-legal, report.

In a medico-legal case, he advises that both the heart and the brain be exposed before either is opened, so that they may be examined in their normal relation, and thus no question be raised as to their actual condition before being disconnected.

We agree with Prof. Hamilton that but little satisfaction can be gained from examining a fresh brain, and that the investigator will be richly repaid for waiting the necessary five or six weeks till the brain has hardened.

Chapters IV, V, and VI give full directions for making museum preparations, hardening tissues, cutting, mounting, and staining sections, along with a large number of formulas for staining and hardening fluids.

The microscope is not forgotten, but, as is proper in a text-book, directions are given for choosing an instrument and for handling it.

Practical Bacteriology receives forty-five pages, devoted to culture media, sterilizing processes, staining, and the like.

In the second part General Pathological Processes are considered. We must here take exception to the author's definition of health: "Health is that condition of structure and function of an organism which, on examination of a sufficient number of examples, we find to be the commonest." This will not answer. Ophthalmologists tell us, for instance, that an absolutely emmetropic eye is not to be found, but that more or less defect, myopia, hypermetropia, or astigmatism is always present. Probably most eyes are myopic, yet who considers a myopic eye as healthy?

In this part the author takes up the various infiltrations and degenerations, inflammation, suppuration, organization, ulceration, and dropsy.

The chapters on inflammation are especially worth reading, the classical experiments in relation to this important topic are cited, along with many new ones by the author.

In the third part the author begins to consider separately the Diseases of the Various Organs and Tissues. The different tumors, epiblastic, mesoblastic, and hypoblastic are first discussed, then the blood, and finally the heart and the bloodvessels. This is as far as the first volume extends. Every part of the work is copiously illustrated, there being in the present volume seven hundred and twelve engravings. Unfortunately, however, these are not of a particularly high grade of execution, and, indeed,

the lithographs are actually poor. In their favor, though, it may be said that they are mostly new, by the author's own hand, and are thus agreeable, because they are not the time-honored, well-known drawings that greet one's eyes in book after book. The style in which the matter is printed is to be commended. Each new subject has an appropriate heading in capitals, and all important words in the context are distinguished by special type. The book is thus rendered much more agreeable to the eye and readable than it would otherwise be, and this is a point which we think is, as a rule, more often recognized by American than by foreign authors.

Prof. Hamilton's bibliography is most complete and excellent, showing a large amount of work. Taking it all together, the author has contributed a work of much interest and value on the vast and fascinating subject of pathology.

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ALCOHOL INSIDE OUT; from Bottom Principles. Facts for the Millions. By ELISHA CHENERY, M.D., Boston. Philadelphia: Records, McMullin & Co., Limited, 1889, pp. 340. Price, \$1.50.

In view of the present prohibition excitement this little work may be called a timely one. Dr. Chenery must have devoted much time and labor to the collection of hundreds of different statements by various writers, more or less well known, all tending to prove that alcohol is an unmitigated and unnecessary evil. Dr. Chenery himself, besides his citations, treats the subject most thoroughly from every point of view—chemical to moral—and certainly makes a strong plea in favor of total abstinence.

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ATLAS OF VENEREAL AND SKIN DISEASES. With Original Text. By PRINCE A. MORROW, M.D. New York: William Wood & Co., 1889.

#### Fasciculus XIII.

Plate LXI, Elephantiasis of Leg and of Scrotum (after Araujo).

Plate LXII, Leucoderma (after Neumann); Alopecia Areata (author's collection).

Plate LXIII, Keloid (after Hyde); Fibroma (after Ouchterlony).

Plate LXIV, Xanthelasma (after Hutchinson); Rhinoscleroma (after Neumann).

Plate LXV, Xeroderma Pigmentosum (after Vidal).

The illustration of leucoderma fails to show the thickening of the pigment at the margins of the white spots and the shading off into the surrounding skin, which is characteristic. That of keloid is not a very good specimen of the disease; not nearly so good as one shown by Maury many years ago, and repeatedly figured since.

In both cases the deficiencies are fully compensated by the accompanying text. Upon this we have no criticism save that we think Dr. Morrow should have insisted upon the necessity of separating children with alopecia from their companions, especially in the schools. This has been urged by the Paris Academy, and is all the more important, as without such caution physicians are apt to overlook the precaution.

ARE VENOMOUS SNAKES AUTO-TOXIC? By Surgeon L. A. WADDELL, M.D., Deputy Sanitary Commissioner, Bengal. Calcutta: Government Printing Office, 1889.

To obviate all sources of error in the experiments made with the view of answering the above question, Dr. Waddell obtained freshly caught, uninjured snakes, and injected the venom hypodermically. The result of his investigations is to show that serpents are not injured by their own venom; that other venomous serpents are in some cases poisoned, in others not, and that harmless snakes are generally killed by the venom of their poisonous relatives. He believes that the immunity of snakes against their own venom is acquired by inoculation with small quantities through abrasions in the mouth.

EXTRA-UTERINE PREGNANCY. A Discussion. From the Transactions of the American Association of Obstetricians and Gynecologists, 1888. Together with an Editorial Review of Tait's "Ectopic Pregnancy and Pelvic Hæmatocèle, from the Buffalo Medical and Surgical Journal. Philadelphia: Wm. J. Dornan, 1889. Price, 75 cents.

The need of a more accurate knowledge of such an important subject as ectopic gestation with all of its attendant evils, and especially of the means of diagnosing its presence during the early weeks of pregnancy, cannot but impress itself upon the serious obstetrician. The almost certainty of an early fatal termination, or of a prolonged and tedious invalidism should the primary rupture assume its most favorable aspect, demands that the most earnest investigation should be instituted of an accident, which, though fortunately rare, is yet, as we are led to believe by recent reports of post-mortem examinations, of more frequent occurrence than we have hitherto conjectured. It is with this purpose in view that this little volume is presented to the profession, containing as it does a discussion before the American Association of Obstetricians and Gynecologists, participated in by some of the leading specialists in the country. The causes, pathology diagnosis, and treatment of the condition, are thoughtfully considered, and while there is still considerable controversy as to the mode of treatment which should be adopted, the weight of opinion seems to tend away from electricity and toward the stand taken by Tait for operative procedures. Condensed into a small space, the whole subject of extra-uterine pregnancy is placed before the profession in a most concise and acceptable form.

EXECUTION BY ELECTRICITY.—*American Notes and Queries* has instituted an inquiry among the most eminent scholars of the country to determine the best word to express execution by electricity. The answers as far as received are remarkable for the variety of suggestions. Among them are electrophon, electrize, electrotony, electrophony, thanelectrize, thanatelectrize, thanatelectrism, electromort, electroctony, electroctasy, fulmen, electricide, electropenize, electrothenese, electrocution, electroed, electrostrike, and, finally, joltacuss or voltacuss. The last is the suggestion of Bill Nye.

## Pamphlets.

Fourth Annual Announcement of School of Dentistry, of Meharry Medical Department of Central Tennessee College, 1888-89.

Some Principles governing the Preparation of Food for the Sick. By Frederick P. Henry, M.D., Philadelphia.

This is an interesting and instructive lecture that was delivered to the Training School for Nurses at the Episcopal Hospital Philadelphia.

Food Versus Bacilli in Consumption. An open Letter from Ephraim Cutter, M.D., L.L.D.

The Question of Relationship Between Lichen Planus (Wilson) and Lichen Ruber (Hebra). By A. R. Robinson, M.B., M.R.C.P., New York. In this able and exhaustive paper illustrated with a number of microscopical drawings and microscopical colored plates, the author concludes that there is no relationship between the two diseases.

On the Nature and Treatment of Epistaxis. By Alexander Harkin, M.D., F.R.C.S., Belfast.

Thirty-sixth Annual Report of the Pennsylvania Training School for Feeble-minded Children, Elwyn, Pa.

This is one of the most commendable institutions that we know of and worthy of all support.

On Some Mild Measures in the Treatment of Intra-Nasal Hypertrophies and Inflammations. By W. H. Daly, M.D., Pittsburgh, Pa.

On the Relation of the Nasal and the Neurotic Factors in Etiology of Asthma. By F. H. Bosworth, E. L. Shurly, W. H. Daly, and Andrew H. Smith.

Station-List of officers of the Medical Department and Hospital Stewards of the Hospital Corps, United States Army. March 1, 1889.

Report of Forty-eight cases of Alexander's operation. By J. H. Kellogg, M.D., Battle Creek, Mich.

Fourteenth Report of the Board of Managers of the Hospital of the University of Pennsylvania, year 1888.

Fourteenth Annual Announcement of Meharry Medical Department, of Central Tennessee College, Nashville Tenn. 1888-9.

Thirty-Fifth Annual Report of the Board of Managers of the Howard Hospital and Home for Incurables, Philadelphia.

Stomach-washing in Infants. By A. Seibert, M.D., New York.

A New Procedure in Cases of Anticipated Complete Rupture of the Perineum. By Edward B. Weston, A.M., M.D., Chicago.

The Annual Report of Department for the Insane of the Pennsylvania Hospital, 1888.

Alcoholism and Pulmonary Consumption. By Thomas J. Mays, M.D., Philadelphia.

Lacerated Cervix Uteri as Treated at the University Hospital, by Prof. William Goodell. By Lewis H. Adler, Jr., M.D., Resident Physician, University Hospital, Philadelphia. Reprint from *The New York Medical Journal* for March 2, 1889, 9 pages.

Simply a review of the recognized plan of procedure in operations upon the cervix for laceration. A brief summary of the results which may follow non-attention to the condition is presented.

Non-closure of the Abdomen. By Wm. P. Hogue, M.D., Charleston, W. V. Read before the State Medical Society of West Virginia, Twentieth Annual Session, July 13, 14, and 15, 1887, 5 pages.

The freaks of nature are alike interesting and varied in their expression and admittance of surgical interference. Dr. Hogue's case is especially remarkable for its favorable termination.

Foreign Body in the Peritoneal Cavity. By J. L. Crawford, M.D., President of the Westmoreland Co. Med. Soc., Greensburg, Pa. Reprint from *Medical and Surgical Reporter*, Dec. 15, 1888.

A very interesting report showing the remarkable degree of tolerance exhibited at times by the delicate peritoneal membrane.



## Gleanings.

**AURAL POLYPI.**—Pratolongo makes use of the following:

R.—Acidi acetici . . . . . gtt. xv.  
Acidi chromici . . . . . gtt. iij.—M.

Three drops of this are injected into the polyp, which contracts and becomes yellowish, and drops off on the third or fourth day.

**TREATMENT OF SCROFULOUS GLANDS.**—Treves (*British Medical Journal*) holds that the cheesy mass in a caseated gland is in no way a deposit; it represents the débris of a chronic inflammation. It is entirely non-vascular, and can undergo no organic change. It is as much a foreign substance as a sequestrum, and in due time will excite suppuration around it and be discharged. Under no circumstances can the caseous mass itself break down into pus. He objects to any treatment except excision.

Buzzard believes that scrofulous glands are less commonly seen than formerly, because the milk supply is better.

**LACTEAL SECRETION DURING AN IMAGINARY PREGNANCY.**—Dr. Demange reports a case of a married woman, æt. twenty-eight years, of a nervous temperament and extremely desirous of becoming a mother, who consulted him on several occasions, imagining herself to be pregnant. On examination, however, this was proved to be erroneous, but he could not succeed in so convincing the patient. At about the fifth month of her pretended pregnancy she returned triumphantly, announcing the presence of milk in her breasts, and to his astonishment he found that by pressure he could produce from the nipples several drops of a fluid analogous to colostrum. This rudimentary lactation was accompanied by a notable increase of size of the breasts, but there was no increase of pigmentation nor even the tubercles of Montgomery in any way developed. Twelve months later the patient gave birth to a child which she nourished herself.—*Archives de Tocologie*.

**LAPAROTOMY FOR PUERPERAL PERITONITIS.**—L. H. Evans, M.D. (*Med. Press of Western New York*), was called to see a patient who, one week previously, had miscarried at three months; temperature, subnormal; pulse, 157; respiration, 34. The woman was covered with clammy sweat, and appeared to be moribund. Consultants agreed as to her danger, and that the only chance was to wash out the abdomen. After opening the abdomen, the patient was turned over and a quart of serum allowed to drain away. The cavity was now filled with warm water, which was emptied out in the same manner as the serum. The patient did well till the third day, when a severe chill warned the surgeon of the presence of pus. He once more opened the abdomen, found a pint of pus, washed out the cavity again, closed it, and from that time the woman made a good recovery.

**EXCISION OF THE CÆCUM.**—Durante, at the Bologna Surgical Congress, reported the case of a woman who had a tumor in the cæcum, of four or five years' standing. She had great pain on defecation. The abdomen was opened, and a tumor the size of a lemon was found in the iliac fossa, adherent to the peritoneum and with the small intestines firmly matted with it, so that a portion had to be removed with the tumor. The severed bowel was united by three rows of sutures; interrupted through the mucous coat; hemstitch through the serous and muscular and a third through the serous. The patient made a rapid recovery; the tumor was tuberculous.—*British Medical Journal*.

**EXPERT TESTIMONY.**—Samuel Ward, M.D. (*The Sanitarian*) contributes an able article on medical expert testimony. He cites what are known to be facts, namely, that the whole proceedings in obtaining expert testimony are frequently a mere farce, an exhibition of legal jugglery on part of the opposing counsel; that the so-called "expert" testimony is often of the most insane character, because the badgering and brow-beating of the hostile attorney has hopelessly confused the medical man.

It is a trite saying that all men are fallible, and though, of course, the expert intends to be absolutely impartial in his statements, there is double danger of a little fallibility in a case where the man reflects that his reward is to come from the side which engaged him.

In order to eliminate as far as possible these various harmful elements of bias and confusion, Dr. Ward advised that instead of the present system, a board of three experts be appointed in a case where medical testimony is needed; one on the suggestion of the counsel for the defense, another nominated by the counsel for the prosecution, and the third appointed by the judge. The expenses of this board are to be divided equally between the two contending sides; it is to receive in writing all questions involving medical matters, and to submit its answers to the court by the same medium. This seems to us eminently better than the present plan.

**PROGNOSIS IN HEART DISEASE.**—M. Leyden, after pointing out that in general the prognosis is considered as desperate, claims that sudden death from this cause is in reality much rarer than might be supposed. The following is especially to be considered:

1. *Age*: Children resist less than adults, but better still than old people in whom the situation is apt to be complicated by arterial sclerosis.

2. *Sex*: Women are less exposed to great fatigue and are also less subject to arterial sclerosis, which modifies the prognosis to some extent.

3. *Occupation*: Fatigue and laborious occupations of all kinds are an aggravating cause in all cardiac troubles and bear upon their prognosis.

Finally, the failure of digitalis is to be regarded as an unfavorable element.—*La Tribune Médicale*.

**SIMPLE INHALER.**—Roll a piece of paper in the form of a cigarette, fix it with gum, insert a small wad of cotton on which is poured a few drops of the volatile substance to be inhaled, menthal eucalyptus, and the like, and the instrument is complete.—*Practitioner*.

**ELECTROLYSIS.**—R. A. Gibbons, M.D. (*The Practitioner*), furnishes a paper on Electrolysis in the treatment of Some Chronic Uterine Affections, and after detailing the histories of ten cases thus treated, with more or less success, concludes by saying that he is not an enthusiast in any one special method of treatment, but is firmly convinced that when properly and judiciously employed we have in electrolysis a most powerful therapeutic agent at our command.

**TURPENTINE IN POST-PARTUM HEMORRHAGE.**—Mayne has used oil of turpentine in post-partum hemorrhage for several years, with very good results. When the usual means, such as kneading the uterus, insertion of the hand, cold, subcutaneous injections of ergotin, etc., have proved ineffectual, contraction of the uterus followed immediately after insertion of a piece of linen, saturated with oil of turpentine, into the uterus, and bringing it in contact with the walls; and all hemorrhage ceased. In several cases where the patients were nearly pulseless it acted also as a stimulant. He never saw it fail, and it is well borne by the patients.—*Med. Zeitung*.

**MAMMARY FISTULA.**—Nicolai (*Monatschrift*) reports a case of fistula of the left breast, the mammary gland being healthy. The fistula had resisted treatment for four years. The patient then went to a dentist on account of trouble with the first lower left molar; to which an antiseptic dressing was applied. The next day the discharge from the fistula had the odor of the antiseptic used in the tooth. To render the matter certain, he injected into the root of the tooth a solution of cochineal. The tooth was extracted and a flexible probe introduced, when the fistula was found to extend down to the base of the inferior maxillary bone, along the border of the sterno-cleido mastoid, perforating the strong platysma fascia, and entering the breast above the pectoralis major, opened at the nipple. It closed in twelve days.

**HEADACHES.**—E. Jones (*The Practitioner*), in an article on Diagnosis and Treatment of Headaches, finds that for acute low pressure headaches this is good:

R.—Spiritus ammoniæ aromat. . . . 3ss.  
Spiritus chloroformi . . . . . ℥x.  
Aque . . . . . ad. 3j.—M.

In recurrent high pressure headaches he finds alkalies most beneficial.

R.—Sodii bicarbonatis . . . . . gr. x.  
Ferri et ammonii citratis . . . . . gr. v.  
Spiritus chloroformi . . . . . ℥x.  
Aque menthæ viridis . . . . . ad. 3j.—M.

Sig.—To be taken three times a day, half an hour before meals.

**WILLIAM DAYTON, M.D. (Post-Graduate)**, writes strongly in favor of nose breathing, and on the various dangers consequent to the habit of breathing through the mouth, claiming also that the nose receives far less attention as an organ than it deserves.

**CYSTITIS.**—T. M. Madden (*Archives of Gynecol.*), says that during the past year twenty-eight cases of cystitis have come under his observation, some of which had resisted years of treatment, but which readily yielded to the following: If the case is complicated, of course the complication is first to be removed. Next, he thoroughly dilates the urethra until he can introduce his index finger and paralyze the contractility of the sphincter vesicæ for a time. He repeats this as often as is necessary. He thus gains that rest for the bladder secured by Emmet's method of making a vesico-vaginal fistula, and in a much less dangerous and objectionable way. It may sometimes be advisable cautiously to remove the proliferating vesical mucous membrane with a dull curette. Lastly, he makes a local application of carbolic acid; saturating a pledget of cotton with the officinal glycerole of carbolic acid and inserting it into the bladder. It is retained here till every part of the bladder has firmly contracted on it, after which it is removed and the urethral canal brushed by a similar application. Pain may be obviated by a 10 per cent. solution of cocaine. Two or three applications, at intervals of a week, generally effect a cure.

**W. C. WHEELER (Alabama Med. and Surg. Age)**, in a paper on Dentition, remarks that we pay too little attention to our small patients, and that, for instance, the painstaking practitioner who safely brought William of Orange through a perilous dentition did as noble a work for humanity, and one meriting as much approbation, as those operations which have been performed these later years on noted characters, and which have commanded the attention and the admiration of the world.

**LIGATION OF COMMON CAROTID AND SUBCLAVIAN.**—F. T. Meriwether, M.D. (*Annals of Surgery*), performed the simultaneous ligation of the common carotid and the right subclavian for a rapidly growing aneurism of the ascending aorta.

The common carotid was tied about half an inch below the omo-hyoid, as that muscle was higher than usual; and the subclavian was ligated in its third part.

Before the operation, from which the patient recovered without an untoward symptom, she complained of great pain in the back, deafness in the right ear, and pain and difficulty on swallowing. On the seventeenth day she left the hospital apparently cured, at any rate having none of these unpleasant symptoms.

This makes the seventh similar case on record. Of the other six, three died directly or indirectly from the operation or the disease, whilst the other three recovered.

A. M. CARTLEDGE, M.D. (*Am. Prac. and News*), advocates the use of bichloride of mercury in anaemia, especially when given with hydrochloric acid.

**HERNIA OF PLEURA INTO NECK.**—In *Annals of Surgery*, G. R. Fowler, M.D., reports a case of this character: A child of three months, and with a history of previous good health, had an attack of acute bronchitis accompanied with severe coughing. After recovering from this a swelling was noticed on right side of neck, which became larger when the child cried or coughed. In a month afterwards a similar swelling appeared on the left side. Six months after the first appearance the child was brought to the hospital, at which time there were two well-marked swellings on the neck, each of which nearly disappeared on inspiration, but became large and tense on expiration. She had constant dyspnoea and aphonia.

Another attack of bronchitis carried her off in three days. The autopsy showed that the protrusions of the neck were part of an enormous sac connected with the upper part of the right lung. When distended it occupied a large part of the right pleural cavity and the anterior mediastinum between the thymus and pericardium. The sac, which contained odorless air, and had thin, smooth, glistening, and transparent walls, had pushed its way behind the trachea and upwards toward the anterior surface of the neck, producing the swellings noted. These swellings were the result of a rupture of the primary bronchus in the upper lobe of the right lung, and the air escaping underneath the pleura separated it from its pulmonary attachment.

**RAYMOND'S DISEASE.**—The *Lancet* mentions a patient suffering from attacks of local asphyxia in both hands and feet, independently of exposure, sometimes three or four in a day, alternating with paroxysmal attacks of epigastric pain and vomiting, usually followed by slight jaundice. There was no hæmatinuria, though albumen as well as bile had been present in the urine after an attack; but no reaction could be obtained after the guaiacum test. In the interval the hands and feet usually recovered their own natural color and warmth. The local syn-copic and asphyxial stages were usually well defined. The palmar aspect of the fingers was affected throughout, but only the dorsal surface of the terminal phalanges and nails; the toes of both feet were involved on the under surface, but to a less marked extent than the fingers, which sometimes became almost black; no pain was complained of in the hands or feet during the attack. The patient's age was forty-eight; she was a married woman; had had the attacks in the fingers about four months, and had not suffered previously from cold fingers or chilblains, not being especially exposed to damp or cold. She never got her living by washing. She had nine children living. The catamenia were still regular. The family history was good. No rheumatism, gout, or ague; abdominal tenderness over epigastrium and left hypochondrium; field of vision good.

OSCAR DOWLING, M.D. (*Alabama Med. and Surg. Age*), reports a case of morphine poisoning which, after having refused to yield to the ordinary treatment, was saved by the use of nitroglycerin hypodermatically, and electricity.

IN *Med. Press and Circular* is reported a case of total extirpation of the larynx for epithelioma, with recovery and a useful voice. The vibratory structure in making the voice "appeared to be the mucous membrane of the pharynx running backward from the epiglottis."

**ALBUMINURIA.**—J. G. Adami (*The Practitioner*), in an able paper on the Functions of the Glomeruli of the Kidney, holds that the secretion of urine depends not so much on the blood-pressure as upon the rate of flow of the blood through the kidney, and that albuminuria is the result of a lowered vitality of the glomerular epithelium, thus allowing the thicker constituents of the blood to transude.

**MYCOSIS NARIUM.**—Hugo Summa, M.D. (*St. Louis Med. and Surg. Journ.*), reports two cases of this rather rare trouble, both caused by the pseudo-parasitism of the sarcophagous larvæ of the blue-bottle fly.

The first was that of a gardener, who, seven days after taking a nap on the ground, felt pain in his nose, which rapidly increased, spreading, finally, over his whole head. Meanwhile, worms dropped from his nose, three or four at a time, amounting to several hundreds during the six days before the writer saw the case. Morphine was given for the pain, and the nose was syringed with a 1-2000 bichloride solution twice a day, the man including in his diet, the while, raw eggs in order to avoid the possible toxic effect of the corrosive sublimate. In eight days the patient was entirely cured.

The second case, a man of thirty-four, was brought to his office complaining of a severe headache, insomnia, anorexia, and constipation. He was hardly able to see with his left eye. His nose and the surrounding parts, especially on the left side, were swollen and of an erysipelatous appearance. On examining the patient's mouth he found an ovoid-shaped hole corresponding to the palatine suture, and partly in the soft and partly in the hard palate. This hole was an inch long and one-quarter broad, and in its depth he found great numbers of maggots. The stench was so indescribably bad that the doctor had to vomit five times before he could screw himself up to the business of picking the maggots out. He ordered injections of 5 per cent. solution of carbolic acid, which had no appreciable effect on the stench; for, on coming back in the evening, Dr. Summa was again compelled to throw up a few times before he was able to pick out fifty maggots more from the man's mouth and nose. He then gave the case to another physician, because his non-nervous system was too much affected; in fourteen days he saw the patient walking about, and on questioning him as to the history of the case, found that the man, while hunting, had slept out-doors several nights, a few days before the trouble appeared.



## Medical News and Miscellany.

DR. L. F. FLICK appears to be the first to reach the scene of disaster.

JEFFERSON COLLEGE HOSPITAL has thrown open its doors to the sufferers.

THE Medico-Chirurgical ambulance is kept busy gathering stores for the sufferers.

THE physicians who left Philadelphia to go to Johnstown have been compelled to go by Baltimore, Buffalo, or Wheeling.

IT is probable that the meeting of the State Society will be postponed, as few of the members have been able to reach Pittsburgh in time.

DR. L. T. BEAN and his brother, the most prominent and influential eclectic physicians in the State, are said to have lost their lives at Johnstown.

AMONG the first to tender their services to the Governor were the physicians of the Hahnemann Hospital: Drs. Rhodes, Garrison, Bryant, Bayley, Schnader, Ward, Ellis, Thompson, Crock, Mercer, Messerve, Gardiner, Reading, and Mohr.

IT is to be hoped that the suggestion of cremating the bodies of the flood's victims will be adopted. Otherwise there are grave dangers of pestilential disease, not only in the Johnstown district, but from the pollution of the water supplied to towns below.

THE danger to the country of allowing the savage tribes of Europe to form communities among us, has been shown by the action of the Slavonians in the Conemaugh Valley. If these people were dispersed among the other inhabitants, they would have some chance of becoming tamed, if not civilized.

AMONG the names reported as lost at Johnstown we regret to see the following: Drs. S. Y. Beam, W. C. Beam, L. T. Beam, Blair, Jr., T. T. Beane and family, Cooper, of Meadville, and wife, J. K. Lee, John Lowman, Marbury, Poland's two children, Phillips, mother, two sisters, J. C. Wilson, H. R. Wilson, G. W. Wagner, wife, three daughters; Mrs. Dr. Reedan, Dr. St. John.

WITH Dr. Forbes' party are Drs. A. Hewson, Jr., Shober, Packard, Green, Miller, Wood, Fussell, Sweet, and Miss Dr. Alexander. Dr. Fussell had two sisters at Johnstown.

A second party equipped by Jefferson College consisted of Drs. Horwitz, Ashton, Da Costa, Coplin, Williams, and Talbot.

THE Red Cross Association has taken the store-rooms at 1821 Market Street, and is actively engaged in shipping stores. The following physicians volunteered to go under the auspices of this Association: Drs. C. Berens, Read, Chrystie, Cochran, Grimm, Bradford, Baker, Tyson, Milliken, Deaver, Gross, Greenwalt, Morris, Penrose, Van Pelt, Wood, Allen, Wharton, Willard, White, Grow, Porter, Green, Barney, Conrad, Loft, and Peltz.

THE committee in charge of the work here is composed of Mrs. Pancoast, Joseph, Nardyz, O'Neil, Budd, Carter, and Miss Merrill.

Drs. Hummel and Hare have gone to select a site for a temporary hospital.

PINE GROVE colts are dying of scarlatina.

REPORTS from the yellow fever centers are favorable.

LEDERACHVILLE, Montgomery County, has diphtheria.

LUYS cures facial neuralgia by the use of rotatory mirrors.

YELLOW FEVER is reported to be very bad in Vera Cruz, Mexico.

SIR MORELL MACKENZIE is to sue the London *Times* for libel.

ARE perfumes altogether without effect upon the health of infants?

DIPHTHERIA has appeared among the horses at the Penn Farm, Bucks Co.

DR. CHARLES S. TURNBULL has just returned from a pleasant trip to California.

BROOKLYN has lost one of her brightest physicians in Dr. Frank W. Rockwell.

SACCHARIN in alcohol, 1 to 50, is an effectual local application in curing thrush.

GENERAL SCHENCK is said to have been cured of Bright's disease by the milk diet.

A NUMBER of valuable horses have died recently in this county from tetanus.—*Ledger*.

THURSDAY last was Donation day at the Jewish Hospital. A large amount was realized.

DR. WALTER G. HAMMELL has removed to Philadelphia, and opened an office at 1310 Walnut Street.

SMALLPOX is making terrible ravages in Guatemala, and among the Okanagon Indians in Oregon.

DR. C. P. POTTS, of the University Hospital, expects shortly to leave Philadelphia for Washington Territory.

DR. BELL contradicts the report that he is about to return to Texas. He has built up a lucrative practice in Philadelphia.

THE grand jury has decided that chloroform is not legally a poison, as it does not cause death in doses of sixty grains or less.

CHESTER is moving for the removal of the quarantine station from its present location. Drs. Leffman and Forwood urged the removal.

WE are glad to see that the State Board of Health is taking steps to prevent the unauthorized use of its name by advertisers in its official organ.

A LONDON barber advertises that all implements used in his tonsorial palace are kept in an antiseptic condition by a strict observance of Listerism.

THE *British Medical Journal* is entirely too prosperous to suit its rivals, and they have stirred up an opposition to Ernest Hart's management, which threatens to strike at the sources of its prosperity. They wish to cut off part of the advertising patronage.

CORPORAL TANNER is making a clean sweep of the Pension Examining Boards; the *personnel* of which is being changed everywhere.

DR. R. J. LEVIS, who is summering with the Duke of Sutherland, instead of at Cedarcroft, has lately bought a winter home in Florida.

DR. E. L. VANSANT has resigned his position in the Medico-Chirurgical College, and has been elected Demonstrator of Histology at the Jefferson.

A PATIENT with lung-ail, dreading the jolting of the cars, has started to walk from Harrisburg to Philadelphia, where he desires to enter a hospital.

DR. S. P. MOORE, who was Surgeon-General of the Confederate States, died suddenly last week at his residence in Richmond, Va., of congestion of the lungs.

DR. CONNOR, President of the Ohio State Medical Society, wittily compared the Presidential Address to the appendix vermiformis—a useless survival of a once important organ.

A *Ledger* correspondent makes the very sensible suggestion that there might be a new chair added to the medical colleges, whose occupant shall teach the art of palatable dietetics.

MR. BURROUGHS, of Burroughs, Wellcome & Co., is credited with the idea of charging air supplied to buildings by a fan with antiseptic vapor. If the air is pure, why medicate it?

CAIRO (Ill.) courts are said to have sittings from midnight to dawn, because that time alone suits her enterprising but malarial citizens to make engagements which may not be shaken off.

DR. MARY DIXON JONES, of the Brooklyn Woman's Hospital, is accused of having a mania for operating, and to have found uterine cancers in about every woman who entered her little parlor.

THE cantankerous race which is always kicking up trouble by questioning the truths whose foundation is secure, are now trying to deduce the leprosy of the Sandwich Islands from syphilis.

HOT water is said to be a popular remedy for inflamed eyes.

Some years ago it was cold water.

The eye is not a good field for amateur doctors.

READERS who have not received all the numbers containing Dr. Billings' article on Yellow Fever Germs should send at once for the missing copies, as they are rapidly disappearing from our files.

The Medical Press is endeavoring to awaken a sluggish race to the danger from the spread of leprosy in India. There are no lazarettos for the 120,000 lepers in that part of Her Majesty's realm.

DR. HAMMOND recommends the "water-monkeys" used in the tropics instead of ice to cool water for drinking. This utensil is invaluable in the South, but those who are accustomed to ice water, are not very likely to take kindly to it.

DR. MARY MOREY, of Philadelphia, has been added to the medical staff at the State Hospital for the Insane. Dr. Morey takes the place in the pathological department made vacant by the resignation of Dr. Ida V. Reed.—*Press*.

DR. SAMUEL G. LANE, one of the most widely known physicians and surgeons in Chambersburg, died there yesterday, of apoplexy, after a short illness, aged sixty-two years.

S. WEIR MITCHELL has taken time from his busy life to write another book. This time it is a volume of poems entitled "The Cup of Youth," published by Houghton, Mifflin & Co., Boston.

FOR the convenience of English-speaking students, the *Vienna Weekly News* has opened an inquiry office near the general hospital, where information as to lectures, lodgings, etc., may be obtained free.

THE physiologies will have to be overhauled. A Russian has been varnishing people, and finds that covering the skin with an impermeable preparation causes no discomfort in man, though it kills rabbits.

VETERINARY surgeons are now required to register before they are allowed to practise in Pennsylvania. Any one who has practised for five years or more can register within six months. After that time none but graduates are eligible.

SOME very unwise talk has been indulged in by some of our physicians concerning the swallowing of tacks. People of ordinary intelligence would suppose from their statements that this is a very harmless and rather beneficial amusement.

DR. WILLIAMS (St. Louis *Globe-Democrat*) says that the reason hearty people have pneumonia more frequently than weakly ones is because the former do not take the same care of themselves as the latter. This is not confined to pneumonia.

A NEW YORK florist contracted lead poisoning by biting off the ends of tin-foil used in wrapping up the ends of the bouquets.

Another got the same disease by drinking beer from bottles which had been cleaned with shot.

OBESITY.—Stallard (*Occidental Med. Times*), reports a case of obesity, for which he prescribed a diet exclusively of meat, fat and lean, with the further injunction to drink at least two quarts of hot water daily, taking it before and after meals. In three weeks the weight was reduced from 199½ to 175 pounds.

RUSH MONUMENT COMMITTEE.—The Rush Monument Committee will meet in Right Gallery Room, at Music Hall, Newport, R. I., on Tuesday, June 25, at 1 P.M., or immediately after adjournment of the Morning Session of the American Medical Association. The attendance of others interested in the project is invited.

Collections and subscriptions should be forwarded to the Treasurer, Dr. Joseph M. Toner, 615 Louisiana Avenue, Washington, D. C., before June 15.

ALBERT L. GIBON, M.D.,  
Chairman, R. M. C.

FORTY-EIGHT hospitals in Philadelphia have made reply to the inquiry of the State Board of Health in regard to the disposition of rags and bandages. Thirty-three reported that they burned all bandages, three disinfect them, and twelve wash them before sale. The Board recommends burning in all cases. —*Record*.

THE proposition to remove the Academy of Natural Sciences to the University grounds was rejected by a vote of 68 to 3. It is, perhaps, just to explain that this does *not* represent the unpopularity of the University among Philadelphia scientists; and the failure of that educational institution to obtain recognition from the Academy.

A CREDITABLE victory was won for conservative surgery and the Episcopal Hospital in the case of Customs Inspector, James McCann; who was terribly crushed by a train last February, six cars running over him. He was discharged last Friday in very good condition, and in a fair way to complete recovery. All four limbs were broken.

A RECENT inspection made by Dr. Taylor of a house in West Philadelphia in which typhoid fever had occurred, showed that the family made use of the water from a well which was contaminated by surface and cesspool drainage.

It would, perhaps, not interfere unduly with the liberties of the people if all wells in built-up portions of the city were filled up.

DRS. BEECHER, Bell, and Horwitz have resigned their positions as Joint Demonstrators of Anatomy at Jefferson Medical College, and Dr. A. Hewson, Jr., has been elected to fill the place.

Dr. Beecher is a graduate of the College in the Class of 1867, and has spent some eleven years as assistant demonstrator, and demonstrator in the anatomical room. He is well and favorably known to many students and physicians throughout the country to whom he gave instruction.

DEPARTMENT OF THE INTERIOR,  
CENSUS OFFICE.

WASHINGTON, D. C., May 1, 1889.

*To the Medical Profession:* The various medical associations and the medical profession will be glad to learn that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census.

As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal registration.

In view of this, the Census Office, during the month of May this year, will issue to the medical profession throughout the country "Physician's Registers" for the purpose of obtaining more accu-

rate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will coöperate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census.

Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with the Register, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehensive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

It is hereby promised that all information obtained through this source shall be held strictly confidential.

ROBERT P. PORTER,  
Superintendent of Census.

THE NEW QUARANTINE STATION AT THE ENTRANCE TO DELAWARE BAY.—It will be remembered that Congress, at its last session, appropriated a considerable amount of money for the equipment of seven quarantine stations, five for the Atlantic coast and two for the Pacific. Of this appropriation about \$75,000 was assigned for the establishment of a thoroughly equipped station for the protection of the Delaware Bay and River. Heretofore the only safeguard against the introduction of contagion below the Lazaretto has been the little Hospital of the United States Marine Hospital Service near Lewes, simply assigned for the treatment of sick or wounded seamen, with no adequate provision for the isolation of those suffering from infectious diseases. So well has this service been administered, however, that it has, on several occasions, detained and disinfected pest-laden vessels and their crews, and thus stayed at the threshold cases which might have resulted in disastrous epidemics had they gained admission. At or near this point, the Legislature of Delaware has offered to cede to the United States the land necessary for the proposed buildings and appurtenances. The Secretary of the State Board of Health of Pennsylvania, Dr. Benjamin Lee, has been designated a Commissioner on the part of the United States to meet Commissioners appointed by the State of Delaware, and in conjunction with them to locate and fix the boundaries of this Reservation. This preliminary will be speedily settled, and work will be begun at an early date.

THE turnkey of the Peoria jail has a cure for delirium tremens. He rubs the patient with capsicum; and in the enthusiasm and singleness of purpose with which the latter scratches himself he has no time to think of snakes. One day of this treatment is sufficient for any ordinary case.—*Medical World*.



## DIAGNOSIS.

Bright conjunctiva and restless eye,  
Hectic flush and audible sigh,  
Hollow chest and thin pale face,  
Obviously, one of tubercular race.

## TREATMENT.

Plenty of nourishment, rest from toil,  
Fellows' hypophosphites, cod liver oil;  
These may retard the dread disease,  
Or give to breathing and cough some ease,  
Smooth the way to dreaded grave,  
Though out of our power the life to save.

—*Hospital Gazette.*

THE North Texas Medical Association meets in Paris, Tex., Tuesday, Wednesday, and Thursday June 11, 12, and 23, 1889. Among the attractions of the meeting will be the following papers:

*Section on Surgery.*—1. The Treatment of Diseases of the Cæcum and its Appendix, Bacon Saunders, M.D., of Bonham, Tex. 2. Surgical Interference in Mastoiditis, J. H. Smith, M.D., of Dallas, Tex. 3. Mortality of Amputations, W. F. T. Savage, M.D., of Mt. Pleasant, Tex.

*Obstetrics and Gynecology.*—1. Lacerated Cervix Uteri, J. F. Hooks, M.D., of Paris, Tex. 2. Lacerated Perineum, S. F. King, M.D., of Bells, Tex. 3. Puerperal Eclampsia, R. R. Walker, M.D., of Paris, Tex.

*Practice of Medicine.*—1. Dysentery, V. A. Howeth, M.D., of Gainesville, Tex. 2. The use of the Microscope in the Diagnosis of Disease, F. E. Yoakum, M.D., of Greenville, Tex. 3. Cerebro-spinal Meningitis, T. G. Bates, M.D., of Anna, Tex.

THE esteemed *Ledger* relates as an "amusing" case that of a man who was brought into a city hospital suffering from the effects of an alleged epileptic fit. The alleged medical man concluded that the patient was shamming, on the inconsequent grounds that he was able to talk; whereupon the doctor ordered a poker to be heated, saying that he proposed to burn the man's back. The latter, becoming naturally alarmed, tried to escape from his persecutors, when the doctor caught him, drew a large knife across his neck and at the same time poured warm water down his back. The man gave a loud yell and fled from the building. It is difficult to decide whether the exhibition of ignorance or brutality were greatest. If the account be true, the man has good grounds for an action against the parties who maltreated him. It is fortunate for them that there was not a repetition of the tragedy which followed the same trick in Edinburgh, where the victim died of fright.

## HALL'S HAIR RENEWER.

R.—Sulphur precipitated . . . . .	1 3.
Lead acetate . . . . .	1 3.
Salt . . . . .	2 3.
Glycerin . . . . .	8 f 3.
Bay rum . . . . .	2 f 3.
Jamaica rum . . . . .	4 f 3.
Water . . . . .	16 f 3.

As delicate a charity as I remember was the act of a gruff, taciturn old physician in a Colorado mining town. A poor, aged parson was carefully attended by the irritable doctor. When the preacher had sufficiently recovered to dispense with further medical attention he asked for his bill. "Your bill? Here it is," said the doctor, opening his pocket-book and handing the minister's wife a ten-dollar bill.—*America (Chicago).*

A YOUNG LADY'S SINGULAR AFFLICTION.—Physicians report a singular case in Cabarrus County, N. C. A young lady has been troubled with utter speechlessness. She visits frequently friends at a mineral spring in Stanley County. Several hours use of the water restores her speech to such an extent that no one could detect any deficiency in that respect. After being away from the springs several days the affliction returns. Thus far this peculiar disease has baffled all medical treatment.—*St Louis Globe Democrat.*

THE DIETETIC GAZETTE.—They all say the same thing. Here are three of them for example:

"We have very thoroughly demonstrated the fact that to advertise in *The Dietetic Gazette* is a paying investment; while we have extreme satisfaction in the belief that we are being placed before the entire medical profession."

PARKER, STEARNS & SUTTON,  
228 & 229 South Street, New York.

"We have every reason to believe in *The Dietetic Gazette* as a means of attracting the attention of physicians in all parts of the Union."

J. C. BAKER & CO.,  
815 Filbert Street, Philadelphia.

"It is with great pleasure that we state to you that our advertisement in *The Dietetic Gazette* has proven most effectual, and that we have received more replies from that source than from any other journal with which we are connected as advertisers. We believe it to be the best medium of the medical journal kind in this country."

THE J. P. BUSH MANUFACTURING CO.,  
("Bovinine.")

No. 2 Barclay Street, Astor House, New York.

## Army, Navy &amp; Marine Hospital Service.

*Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from May 28, 1889, to June 3, 1889.*

BILLINGS, JOHN S., Major and Surgeon. Is authorized to make, by direction of the Secretary of War, in connection with his duties as Supervisor of Mortality and Vital Statistics of the Eleventh Census, such journeys as may be ordered by the Superintendent of the Census, provided that, in each case, the approval of the Surgeon-General shall be obtained; and provided further, that the journeys shall involve no charge against the fund for transportation of the Army. Par. 12, S. O. 122, A. G. O., May 27, 1889.

BROWN, PAUL R., Captain and Assistant-Surgeon. Is granted leave of absence, by direction of the Secretary of War, for six months on account of sickness. Par. 13, S. O. 122, A. G. O., May 27, 1889.

WILSON, GEO. F., Captain and Assistant-Surgeon. Resignation has been accepted by the President, and took effect May 31, 1889.

FISHER, WALTER W. R., Captain and Assistant-Surgeon. The leave of absence for one month granted by S. O. 30, c. s., Department of California, is extended fifteen days. Par. 3, S. O. 37, Headquarters Division of the Pacific, San Francisco, Cal., May 22, 1889.

GLENNAN, JAMES D., First Lieutenant and Assistant-Surgeon. Is relieved from duty at Willet's Point, N. Y., by direction of the Acting Secretary of War, to take effect June 1, 1889, and will proceed to Fort Riley, Kan. Par. 5, S. O. 121, A. G. O., May 5, 1889.

# LISTERINE.

**FORMULA.**—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis, in combination. Each fluidrachm also contains two grains of refined and purified Benzo-boracic Acid.

**DOSE.**—Internally: One teaspoonful three or more times a day (as indicated), either full strength or diluted with water, or in combination with other drugs.

**LISTERINE** is a well-proven antiseptic agent—an antizymotic—especially adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

## Preventive Medicine, Individual Prophylaxis.

**LISTERINE** has long since passed the experimental stage, and thorough clinical test has demonstrated that no other one antiseptic is so well adapted to the general requirements of the Physician and Surgeon, for both internal and external use, as this carefully prepared formula of Benzo-boracic Acid, with vegetable products and ozoniferous essences—all antiseptics and chemically compatible.

Physicians interested in **LISTERINE** will please send us their Address, and receive by return Mail our New and complete Pamphlet of Thirty-six Quarto Pages, embodying

**A Tabulated Exhibit** of the action of **Listerine** upon inert laboratory compounds;  
**Full and Exhaustive Reports** and clinical observations from all sources, confirming the utility of **Listerine** as a general antiseptic for both internal and external use; and particularly

**Microscopic Observations**, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A. B., Ph.D., D.D.S., Professor of Operative and Clinical Dentistry University of Berlin, from whose deductions **Listerine** appears to be the most acceptable prophylactic for the care and preservation of the teeth.

### LAMBERT PHARMACAL CO.,

(Please mention  
The Times and Register.)

No. 314 N. Main Street, St. Louis.

## TO PHYSICIANS.



### Milliamperemeter.

FOR INDICATING THE STRENGTH OF CURRENT OR DOSAGE.

The scale is graduated in thousandths of an Ampere, called Milliamperes and has a range from Zero to 1000. Extremes of current employed are never less than  $\frac{1}{4}$  nor more than 1000 Milliamperes. This instrument is indispensable to the physician who desires to intelligently employ electricity in his practice.

PRICE, \$25.00 NET.



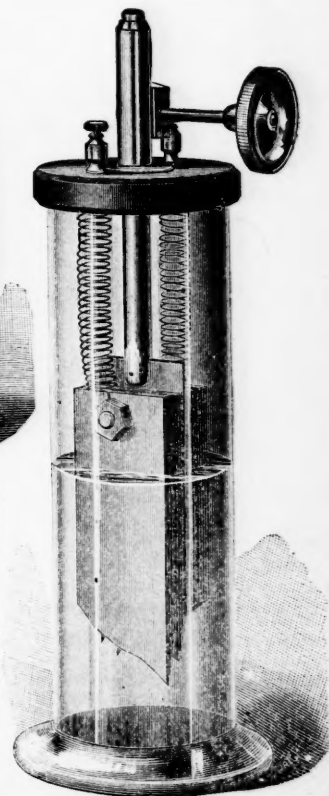
### IMPROVED LAW BATTERY.

NEAT—CLEAN—HANDSOME.

Efficiency High Always furnishing a full and reliable current, but requiring no attention whatever in from two to three years, and then only for renewal of Zincs and Sal-Ammoniac consumed in the generation of current. With this exception (costing less than 10 cents per cell). All parts of this Battery are guaranteed to be everlasting unless the glass be broken by carelessness.

Price, per Cell, \$1.50.

Special price to physicians ordering 30 or more, \$1.00 per cell, net.



Baily Current Regulator.

LAW TELEPHONE COMPANY,

112 Liberty Street, New York.

Please mention The Times and Register.

## Notes and Items.

SEVERAL cases of smallpox have occurred recently at Matanzas.—St Louis *Globe-Democrat*.

FOR a transparent paste to fix transparent advertisements on glass, or to fasten glass signs to a window, use 75 parts India rubber dissolved in 60 parts chloroform, then add 15 parts gum mastic.

ON the day of judgment God will perhaps pardon you for starving your children when bread was so dear; but if he should charge you with *stinting them in his free air*, what answer shall you make?—*Jean Paul Richter*.

A NEW feature of sanitation in quarantine and hospital is the erection on Swinburne Island of a crematory to incinerate those who die of contagious diseases. Heretofore they have been buried on Staten Island, ten miles from the hospital. The act appropriating \$20,000 by the New York Legislature provides for immediate erection of the furnace, but forbids the burning of the bodies of those whose religious views are opposed to this disposition of the body, provided their friends make known their wishes within twenty-four hours after decease. It is difficult to see why the public health and danger of contagion should be influenced by a man's notions about the future world. We have our own world to attend to.—St Louis *Globe Democrat*.

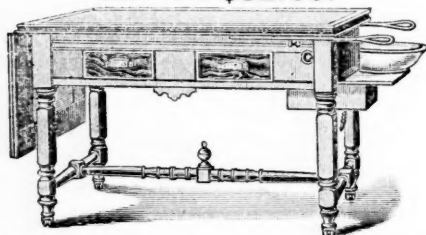
## SPENCERIAN STEEL PENS Are the Best,

IN THE ESSENTIAL QUALITIES OF  
Durability, Evenness of  
Point, and Workmanship.

Samples for trial of 12 different styles by mail, on receipt of 10 cents in stamps. Ask for card No. 3.  
IVISON, BLAKEMAN & CO., 733 Broadway, New York.

## PHYSICIANS

Look and SEE what I offer you for the small amount of \$32.00.



The University Table is the BEST Table, and the NICEST piece of furniture that was ever offered to the PROFESSION for making Examinations on.

A. G. ARMSTRONG, Manufacturer,  
54 East Twenty-third St., New York.

**UNIVERSAL BATH.** Full, hot or cold. Vapor and Water—fresh, salt, Mineral. Artificial Sea Bath. Agents wanted everywhere.

Centennial Award. Medal and Diploma against the world. Wholesale & Retail. Old Bath renewed.

Write for Circulars. E. J. KNOWLTON, Ann Arbor, Mich.

Special Inducements to Physicians.

## Philadelphia School of Anatomy

OPEN DAILY from 8 A.M. to 10 P.M.  
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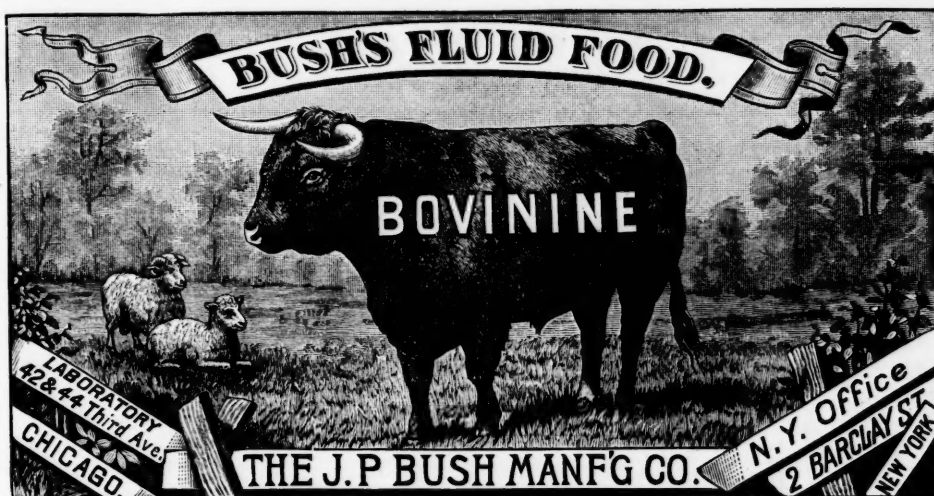
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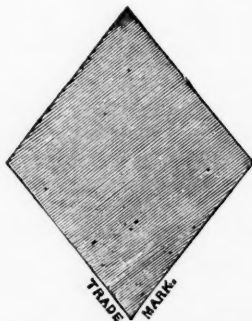
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THE APOLLINARIS COMPANY, Limited, London, beg to announce that, as numerous Aperient Waters are offered to the public under names of which the word "Hunyadi" forms part, they have now adopted an additional Label comprising their registered Trade Mark of selection, which consists of

### A RED DIAMOND.

This Label will henceforth also serve to distinguish the Hungarian Aperient Water sold by the Company from all other Aperient Waters.

DEMAND THE



DIAMOND MARK.

And insist upon receiving the *Hungarian Aperient Water* of the APOLLINARIS COMPANY, Limited, London.

